

Exhibit 13

Page 308

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF NEW JERSEY
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6 IN RE JOHNSON & JOHNSON) MDL No. 16-2738

TALCUM POWDER PRODUCTS) (MAS) (RLS)

7 MARKETING, SALES PRACTICES)

AND PRODUCT LIABILITY)

8 LITIGATION)

)

9 -----x

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12 V O L U M E I I
13 DEPOSITION OF CHERYL SAENZ, M.D.
14 LA JOLLA, CALIFORNIA
15 THURSDAY, JUNE 20, 2024
16 9:03 A.M.
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21
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23 Job No.: 6753337

24 Pages: 308 - 547

25 Reported by: Leslie A. Todd, CSR No. 5129 and RPR

Page 309	Page 311
<p>1 Deposition of CHERYL SAENZ, M.D., held in</p> <p>2 the conference room at the:</p> <p>3</p> <p>4</p> <p>5 GRANDE COLONIAL HOTEL</p> <p>6 910 Prospect Street</p> <p>7 La Jolla, California 92037</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12 Pursuant to notice, before Leslie Anne Todd,</p> <p>13 California Certified Shorthand Reporter in and for</p> <p>14 the State of California, who officiated in</p> <p>15 administering the oath to the witness.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 C O N T E N T S</p> <p>2 EXAMINATION OF CHERYL SAENZ, M.D. PAGE</p> <p>3 By Ms. Thompson 313</p> <p>4</p> <p>5 E X H I B I T S</p> <p>6 (Attached to transcript)</p> <p>7 SAENZ DEPOSITION EXHIBITS PAGE</p> <p>8 No. 33 Expert Report of Cheryl C.</p> <p>9 Saenz, M.D., Case-specific</p> <p>10 opinions regarding Ms. Anne</p> <p>11 Carter Judkins, May 28, 2024 315</p> <p>12 No. 34 Expert Report of Cheryl C.</p> <p>13 Saenz, M.D., Case-specific</p> <p>14 opinions regarding Ms. Pasqualina</p> <p>15 Rausa, May 28, 2024 333</p> <p>16 No. 35 Medical records (not attached) 400</p> <p>17 No. 36 Medical records (not attached) 400</p> <p>18 No. 37 Letter to David Dearing, Esq. from</p> <p>19 John J. Godleski, MD, June 18, 2021 416</p> <p>20 No. 38 Second Amended Rule 26 Expert</p> <p>21 Report of Judith Wolf, MD, May 28,</p> <p>22 2024 434</p> <p>23 No. 39 Letter to David Dearing, Esq. from</p> <p>24 John J. Godleski, MD, June 21, 2021 459</p> <p>25</p>
Page 310	Page 312
<p>1 A P P E A R A N C E S</p> <p>2</p> <p>3 PLAINTIFFS CO-LEAD COUNSEL:</p> <p>4 MARGARET THOMPSON, ESQUIRE (via Zoom)</p> <p>5 P. LEIGH O'DELL, ESQUIRE (via Zoom)</p> <p>6 LEANNA PITTARD, ESQUIRE (via Zoom)</p> <p>7 BEASLEY, ALLEN, CROW, METHVIN,</p> <p>8 PORTIS & MILES, P.C.</p> <p>9 218 Commerce Street</p> <p>10 Montgomery, Alabama 36104</p> <p>11 (334) 269-2343</p> <p>12</p> <p>13 MICHELLE A. PARFITT, ESQUIRE (via Zoom)</p> <p>14 ASHCRAFT & GEREL, LLP</p> <p>15 1825 K Street NW, Suite 700</p> <p>16 Washington, DC 20006</p> <p>17 (202) 335-2600</p> <p>18</p> <p>19 ON BEHALF OF DEFENDANTS:</p> <p>20 DAWN CURRY, ESQUIRE</p> <p>21 NUTTER, MCCLENNEN & FISH, LLP</p> <p>22 155 Seaport Boulevard</p> <p>23 Boston, Massachusetts 02210</p> <p>24 (617) 439-2000</p> <p>25</p>	<p>1 E X H I B I T S</p> <p>2 (Attached to transcript)</p> <p>3 SAENZ DEPOSITION EXHIBITS PAGE</p> <p>4 No. 40 Expert Report of Cheryl C. Saenz,</p> <p>5 M.D., Case-specific opinions</p> <p>6 regarding Ms. Tamara Newsome,</p> <p>7 May 28, 2024 499</p> <p>8 No. 41 Letter to David Dearing, Esq. from</p> <p>9 John J. Godleski, MD, June 21, 2021 527</p> <p>10 No. 42 Supplemental Materials Considered by</p> <p>11 Dr. Cheryl Saenz 537</p> <p>12 No. 43 Supplemental Materials Considered by</p> <p>13 Dr. Cheryl Saenz 539</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

Page 313	Page 315
<p>1 PROCEEDINGS</p> <p>2 -----</p> <p>3 EXAMINATION</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. Good morning, Dr. Saenz. 09:03:27</p> <p>6 A. Good morning. 09:03:30</p> <p>7 Q. I'm Margaret Thompson, and I will 09:03:31</p> <p>8 be asking you questions today regarding three 09:03:37</p> <p>9 plaintiffs: Ms. Tamara Newsome, Ms. Carter 09:03:39</p> <p>10 Judkins, and Ms. Pasqualina Rausa. 09:03:45</p> <p>11 Is that your understanding? 09:03:50</p> <p>12 A. Yes. 09:03:51</p> <p>13 Q. And to give you a heads-up, please 09:03:51</p> <p>14 bear with me because I will be asking many of the 09:03:54</p> <p>15 same questions with each plaintiff, and that is 09:03:57</p> <p>16 just so we have a clear record for each one since 09:04:02</p> <p>17 we don't know which plaintiff is going to trial. 09:04:07</p> <p>18 Does that make sense? 09:04:10</p> <p>19 A. Yes.</p> <p>20 Q. So the intention is not to 09:04:12</p> <p>21 frustrate you or elicit a different answer. It's 09:04:14</p> <p>22 just so we have the answers to the questions for 09:04:18</p> <p>23 each plaintiff with their name attached. Okay? 09:04:20</p> <p>24 A. Understood. 09:04:23</p>	<p>1 MS. THOMPSON: And I don't know 09:06:00</p> <p>2 what number we left off with yesterday. 09:06:02</p> <p>3 MS. CURRY: This would be 09:06:05</p> <p>4 Exhibit 33 that you're marking now. 09:06:06</p> <p>5 MS. THOMPSON: Let's mark 09:06:09</p> <p>6 Dr. Saenz's expert report for Anne 09:06:11</p> <p>7 Carter Judkins as Exhibit 33. 09:06:15</p> <p>8 (Exhibit No. 33 was marked for 14:10:28</p> <p>9 identification.)</p> <p>10 MS. THOMPSON: And I'm going to 09:07:00</p> <p>11 follow Leigh's example and go more 09:07:03</p> <p>12 slowly than I typically do since we are 09:07:06</p> <p>13 on Zoom. 09:07:09</p> <p>14 BY MS. THOMPSON: 09:07:10</p> <p>15 Q. Dr. Saenz, do you agree that 09:07:10</p> <p>16 ovarian cancer is a multifactorial disease? 09:07:12</p> <p>17 A. I do believe that ovarian cancer is 09:07:15</p> <p>18 multifactorial, yes. 09:07:17</p> <p>19 Q. And does that mean that a woman can 09:07:19</p> <p>20 have more than one risk factor? 09:07:23</p> <p>21 MS. CURRY: Object to the form. 09:07:26</p> <p>22 These questions were asked and answered 09:07:28</p> <p>23 yesterday. 09:07:30</p> <p>24 BY MS. THOMPSON:</p>
Page 314	Page 316
<p>1 Q. Let's begin with Ms. Judkins. 09:04:27</p> <p>2 Describe the methodology that you used when 09:04:35</p> <p>3 considering Ms. Carter Judkins' case and whether 09:04:39</p> <p>4 or not her ovarian cancer was caused by her 09:04:49</p> <p>5 talcum powder use. 09:04:58</p> <p>6 A. So I used the same methodology that 09:04:59</p> <p>7 I described in my general causation report. I 09:05:02</p> <p>8 read all of the literature that is detailed in my 09:05:07</p> <p>9 materials considered list. I read through all of 09:05:11</p> <p>10 her medical records. I read through the 09:05:14</p> <p>11 depositions that were provided, through the 09:05:16</p> <p>12 expert reports that were provided, and made an 09:05:22</p> <p>13 assessment as to whether or not there was a 09:05:26</p> <p>14 strength of association, consistency in the 09:05:32</p> <p>15 literature, evidence of a biologic gradient or 09:05:35</p> <p>16 biologic plausibility for the perineal 09:05:39</p> <p>17 application of talc causing Ms. Judkins' ovarian 09:05:43</p> <p>18 cancer.</p> <p>19 MS. THOMPSON: Leslie, if we could 09:05:52</p> <p>20 mark -- I think we will do a continuous exhibit 09:05:54</p> <p>21 list. 09:05:56</p> <p>22 Is that what everybody thinks is 09:05:57</p> <p>23 the easiest way to approach it? 09:05:58</p> <p>24 MS. CURRY: Yeah. 09:06:00</p>	<p>1 Q. Would it be possible for 09:07:33</p> <p>2 Ms. Judkins to have more than one risk factor? 09:07:34</p> <p>3 A. It's possible for Ms. Judkins to 09:07:38</p> <p>4 have more than one risk factor. It's possible 09:07:40</p> <p>5 for her to have no risk factors. It's possible 09:07:45</p> <p>6 for her to have protective factors. The bottom 09:07:49</p> <p>7 line is she had ovarian cancer. 09:07:52</p> <p>8 Q. And that answers my question. 09:07:53</p> <p>9 Would you also agree that the more 09:07:57</p> <p>10 risk factors that Ms. Judkins might or might not 09:08:01</p> <p>11 have, the more risk factors, the greater her 09:08:11</p> <p>12 chance of developing ovarian cancer? 09:08:12</p> <p>13 MS. CURRY: Object to the form. 09:08:14</p> <p>14 THE WITNESS: No, I would not 09:08:14</p> <p>15 agree with that. 09:08:15</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. So you disagree that she could have 09:08:21</p> <p>18 one of the accepted risk factors or five 09:08:22</p> <p>19 accepted -- your accepted risk factors and her 09:08:27</p> <p>20 chance of developing ovarian cancer would be the 09:08:28</p> <p>21 same? 09:08:30</p> <p>22 MS. CURRY: Object to the form. 09:08:30</p> <p>23 THE WITNESS: So I don't use the 09:08:31</p> <p>24 word "accepted risk factors." They're 09:08:32</p>

Page 317	Page 319
<p>1 not my accepted risk factors. They're 09:08:34</p> <p>2 well-established risk factors. 09:08:37</p> <p>3 And as I said earlier, someone 09:08:39</p> <p>4 that gets ovarian cancer can have zero, 09:08:43</p> <p>5 five, none, or have protective factors 09:08:47</p> <p>6 and still get the disease. 09:08:51</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. So take, for example, we use the 09:08:54</p> <p>9 ACOG list. Is it your testimony that a plaintiff 09:08:58</p> <p>10 could only have age, for example, and she would 09:09:02</p> <p>11 have the same risk of developing ovarian cancer 09:09:07</p> <p>12 as a woman who not only has age but has BRCA, has 09:09:12</p> <p>13 endometriosis, has a family history, and no 09:09:18</p> <p>14 protective factors? 09:09:27</p> <p>15 MS. CURRY: Object to the form, 09:09:28</p> <p>16 asked and answered. 09:09:30</p> <p>17 THE WITNESS: I believe this was 09:09:36</p> <p>18 covered yesterday, ma'am. 09:09:37</p> <p>19 BY MS. THOMPSON: 09:09:38</p> <p>20 Q. If Ms. Judkins had none of those 09:09:38</p> <p>21 risk factors or Ms. Judkins only had age, would 09:09:44</p> <p>22 she have the same risk as if she had all of the 09:09:47</p> <p>23 risk factors? 09:09:50</p> <p>24 MS. CURRY: Object to the form. 09:09:51</p>	<p>1 cancer or they don't. It's zero or 100. 09:10:59</p> <p>2 BY MS. THOMPSON: 09:11:05</p> <p>3 Q. And you agree that there are 09:11:05</p> <p>4 multiple articles in the peer-reviewed literature 09:11:07</p> <p>5 that would disagree with that statement you just 09:11:10</p> <p>6 made. Did you review those? 09:11:13</p> <p>7 MS. CURRY: Object to the form. 09:11:14</p> <p>8 THE WITNESS: You would have to 09:11:15</p> <p>9 point me to a particular article, ma'am. 09:11:16</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. Does Wu look at cumulative risk 09:11:21</p> <p>12 factors? 09:11:24</p> <p>13 MS. CURRY: Object to the form. 09:11:24</p> <p>14 Which Wu article are you referring to? 09:11:25</p> <p>15 MS. THOMPSON: Any of them. 09:11:30</p> <p>16 MS. CURRY: Also object on the 09:11:31</p> <p>17 basis that this was covered yesterday by 09:11:32</p> <p>18 Leigh in the general opinions portion of 09:11:36</p> <p>19 the deposition. The time limit has 09:11:41</p> <p>20 already been exceeded with respect to 09:11:43</p> <p>21 general opinions. 09:11:46</p> <p>22 And just saying the words "if 09:11:46</p> <p>23 Ms. Judkins," I don't think gets you 09:11:49</p> <p>24 around that objection. It's my 09:11:51</p>
Page 318	Page 320
<p>1 THE WITNESS: So statistics 09:09:52</p> <p>2 cannot be applied to any one individual 09:09:54</p> <p>3 patient to establish causation. 09:09:57</p> <p>4 Patients either have ovarian cancer or 09:10:00</p> <p>5 they don't. We don't use the risk 09:10:01</p> <p>6 factors in a fashion of attributable 09:10:05</p> <p>7 risk. She's either zero or 100 when it 09:10:09</p> <p>8 comes to the fact that she has ovarian 09:10:14</p> <p>9 cancer.</p> <p>10 BY MS. THOMPSON: 09:10:15</p> <p>11 Q. I'm not asking for attributable 09:10:15</p> <p>12 risk. I am saying if you have a woman -- if 09:10:19</p> <p>13 Ms. Judkins were to have BRCA and age, is that 09:10:27</p> <p>14 the same risk as age alone? 09:10:30</p> <p>15 MS. CURRY: Object to the form. 09:10:33</p> <p>16 THE WITNESS: You're asking 09:10:37</p> <p>17 about cumulative risk, and we don't use 09:10:39</p> <p>18 risk factors in that manner. So she 09:10:42</p> <p>19 either has ovarian cancer or she 09:10:44</p> <p>20 doesn't. Risk factors are associations, 09:10:46</p> <p>21 and we don't calculate in a cumulative 09:10:48</p> <p>22 fashion based on the number of risk 09:10:53</p> <p>23 factors an individual patient may or may 09:10:55</p> <p>24 not have. They either have ovarian 09:10:57</p>	<p>1 understanding we are here to talk 09:11:55</p> <p>2 specifically about Ms. Judkins, her -- 09:11:56</p> <p>3 and her risk factors or anything within 09:12:00</p> <p>4 the report. 09:12:04</p> <p>5 MS. THOMPSON: Object to form is 09:12:07</p> <p>6 fine. But we are talking about 09:12:08</p> <p>7 case-specific opinions and how Dr. Saenz 09:12:11</p> <p>8 reached her case-specific opinions, and 09:12:15</p> <p>9 this is relevant to each of the 09:12:17</p> <p>10 plaintiffs, and right now we're talking 09:12:20</p> <p>11 about Ms. Judkins. 09:12:23</p> <p>12 THE WITNESS: You would have to 09:12:29</p> <p>13 point me to which Wu article you're 09:12:30</p> <p>14 discussing, ma'am. 09:12:33</p> <p>15 BY MS. THOMPSON: 09:12:33</p> <p>16 Q. And you don't know that the Wu 09:12:33</p> <p>17 articles did look at cumulative risk factors? 09:12:36</p> <p>18 A. I'm asking -- 09:12:38</p> <p>19 MS. CURRY: Object to the form. 09:12:38</p> <p>20 THE WITNESS: I'm asking you to 09:12:38</p> <p>21 show me which article you're referring 09:12:39</p> <p>22 to, ma'am, so that I can -- 09:12:42</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Well, in -- 09:12:44</p>

Page 321	Page 323
<p>1 A. Ma'am, I'm not finished with my 09:12:45</p> <p>2 answer. 09:12:47</p> <p>3 I would like to answer your 09:12:49</p> <p>4 question, but I would need to see the Wu article 09:12:50</p> <p>5 that you're referring to to be able to answer 09:12:53</p> <p>6 your question. 09:12:56</p> <p>7 Q. In respect to Dawn's objection, 09:12:59</p> <p>8 we're going to try to stick with not going over 09:13:03</p> <p>9 general literature. I'm just asking you 09:13:07</p> <p>10 questions as to your methodology for case 09:13:09</p> <p>11 specific. And if you need to see the article, 09:13:12</p> <p>12 then we'll move on, and the answer is that "I 09:13:14</p> <p>13 would need to see the article," and that's fine. 09:13:21</p> <p>14 And you have testified that you 09:13:25</p> <p>15 don't know what causes cancer in a woman, 09:13:28</p> <p>16 correct?</p> <p>17 MS. CURRY: Objection. This was 09:13:31</p> <p>18 covered yesterday. 09:13:32</p> <p>19 MS. THOMPSON: Which is an 09:13:37</p> <p>20 opinion that she doesn't know what 09:13:37</p> <p>21 causes cancer in a woman is a 09:13:39</p> <p>22 case-specific opinion. Dawn, I don't 09:13:42</p> <p>23 see how that can be limited. 09:13:45</p> <p>24 MS. CURRY: The exact same 09:13:47</p>	<p>1 have no idea what causes ovarian cancer in an 09:14:35</p> <p>2 individual woman. Would that apply to 09:14:41</p> <p>3 Ms. Judkins? 09:14:44</p> <p>4 A. I don't think I used the word "no 09:14:44</p> <p>5 idea." But I think you're asking me the same 09:14:46</p> <p>6 question you just asked me, and I do not know 09:14:49</p> <p>7 what caused Ms. Judkins' ovarian cancer. 09:14:51</p> <p>8 Q. And if you testified to those exact 09:14:59</p> <p>9 words, would you hold to that opinion? 09:15:02</p> <p>10 A. I just gave you that opinion, so 09:15:06</p> <p>11 yes, that is my opinion. 09:15:08</p> <p>12 Q. The no idea? 09:15:10</p> <p>13 MS. CURRY: Object to the form. 09:15:11</p> <p>14 THE WITNESS: I don't know that 09:15:13</p> <p>15 I said those exact words, ma'am, but 09:15:14</p> <p>16 what I'm saying to you right now is I do 09:15:16</p> <p>17 not know what caused Ms. Judkins' 09:15:18</p> <p>18 ovarian cancer. 09:15:20</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. Okay. And is it also your opinion, 09:15:22</p> <p>21 and this is directly from your report, that there 09:15:24</p> <p>22 is no credible scientific data to support the 09:15:27</p> <p>23 conclusion that talc contributed to Ms. Judkins' 09:15:32</p> <p>24 development of ovarian cancer? Is that your 09:15:36</p>
Page 322	Page 324
<p>1 question was asked on the record 09:13:48</p> <p>2 yesterday. You have her response 09:13:50</p> <p>3 yesterday. 09:13:52</p> <p>4 MS. THOMPSON: Okay. If you --</p> <p>5 MS. CURRY: I don't want to 09:13:53</p> <p>6 spend two full days retreading the same 09:13:53</p> <p>7 thing. 09:13:56</p> <p>8 And "in a woman" doesn't mean 09:13:56</p> <p>9 Ms. Judkins. If you want to ask the 09:13:59</p> <p>10 question, Do you know whether -- what 09:14:00</p> <p>11 the cause of Ms. Judkins' cancer is, 09:14:03</p> <p>12 that's different than "in any woman" can 09:14:06</p> <p>13 you know the cause of her cancer. 09:14:08</p> <p>14 MS. THOMPSON: Okay. I believe 09:14:10</p> <p>15 it is relevant, but I can certainly add 09:14:11</p> <p>16 Ms. Judkins and Ms. Rausa and 09:14:15</p> <p>17 Ms. Newsome to the question. 09:14:18</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. You have testified that you don't 09:14:20</p> <p>20 know what causes cancer in a woman, and would 09:14:21</p> <p>21 that apply to Ms. Judkins? 09:14:25</p> <p>22 A. I do not know what caused 09:14:27</p> <p>23 Ms. Judkins' ovarian cancer. 09:14:29</p> <p>24 Q. And you've also testified that you 09:14:32</p>	<p>1 opinion today? 09:15:39</p> <p>2 A. Can you direct me to where you're 09:15:41</p> <p>3 reading from? 09:15:43</p> <p>4 Q. Your conclusion, first sentence. 09:15:49</p> <p>5 And the pages aren't numbered on your 09:15:52</p> <p>6 case-specific report, so we'll just have to 09:15:55</p> <p>7 approximate where they are and find it. 09:15:58</p> <p>8 But it's on the last page under 09:16:00</p> <p>9 Conclusion, first sentence: There is no credible 09:16:03</p> <p>10 scientific data that talc increases a woman's 09:16:05</p> <p>11 risk of developing ovarian cancer. 09:16:09</p> <p>12 Is that your opinion regarding 09:16:10</p> <p>13 Ms. Judkins? 09:16:14</p> <p>14 A. Yes, it is. 09:16:15</p> <p>15 Q. And when you say "no credible 09:16:16</p> <p>16 scientific data," you mean there is nothing in 09:16:22</p> <p>17 the body of scientific literature, nothing that 09:16:30</p> <p>18 supports this opinion? 09:16:36</p> <p>19 MS. CURRY: Object to the form. 09:16:37</p> <p>20 THE WITNESS: No, that's not 09:16:44</p> <p>21 true -- there's nothing that supports 09:16:45</p> <p>22 this opinion? No, I believe there's a 09:16:47</p> <p>23 lot of --</p> <p>24 BY MS. THOMPSON:</p>

Page 325	Page 327
<p>1 Q. No credible -- 09:16:51</p> <p>2 A. Ma'am, I believe there's a lot of 09:16:52</p> <p>3 literature that supports that opinion. 09:16:54</p> <p>4 Q. No, I'm talking about supporting 09:16:55</p> <p>5 the opinion that talc contributed to Ms. Judkins' 09:16:57</p> <p>6 development of ovarian cancer. 09:17:02</p> <p>7 A. So the literature on that topic is 09:17:04</p> <p>8 inconsistent. There are some studies that have 09:17:07</p> <p>9 shown a positive association, but there are other 09:17:11</p> <p>10 studies that have not. And even within the 09:17:13</p> <p>11 studies with a positive association, there are 09:17:16</p> <p>12 internal discrepancies within the studies. 09:17:20</p> <p>13 There's no consistent dose-response 09:17:23</p> <p>14 gradient. There's no biologic plausibility for 09:17:25</p> <p>15 how that cancer would develop from the perineal 09:17:30</p> <p>16 application of talc. There's no data for the 09:17:33</p> <p>17 migration of talc from the perineum. And I 09:17:35</p> <p>18 believe that the body of the literature as a 09:17:39</p> <p>19 totality does not support that the perineal 09:17:43</p> <p>20 application of talc causes ovarian cancer. 09:17:47</p> <p>21 Q. And you're interpreting what you 09:17:51</p> <p>22 just said as "no credible scientific data." You 09:17:53</p> <p>23 didn't say in your report that there was 09:17:59</p> <p>24 inconsistent, inconclusive, or anything else. 09:18:00</p>	<p>1 questions about Ms. Judkins. 09:19:01</p> <p>2 So your interpretation of the 09:19:03</p> <p>3 literature is that there is no credible 09:19:05</p> <p>4 scientific data to support the conclusion that 09:19:08</p> <p>5 talc contributed to Ms. Judkins' development of 09:19:13</p> <p>6 ovarian cancer? 09:19:15</p> <p>7 And I'm focusing right now on 09:19:16</p> <p>8 there's no credible scientific data. Is that 09:19:18</p> <p>9 your opinion today? 09:19:21</p> <p>10 A. Yes. The body of the literature, 09:19:22</p> <p>11 the totality of the literature does not support 09:19:24</p> <p>12 that hypothesis. 09:19:27</p> <p>13 Q. And you're interpreting that as 09:19:28</p> <p>14 none, correct? 09:19:33</p> <p>15 A. As what? 09:19:35</p> <p>16 Q. No, no credible scientific data. 09:19:35</p> <p>17 A. Ma'am, you've asked this question 09:19:37</p> <p>18 and I've answered it about three or four times 09:19:40</p> <p>19 now. What I have said to you is that the body of 09:19:42</p> <p>20 the literature in its totality does not support a 09:19:45</p> <p>21 credible hypothesis that talc applied to the 09:19:48</p> <p>22 perineum causes ovarian cancer. 09:19:51</p> <p>23 Q. Okay. We'll see if the record 09:19:54</p> <p>24 indicates that you've answered my question three 09:19:56</p>
Page 326	Page 328
<p>1 You said "no credible scientific data," and I'm 09:18:05</p> <p>2 just asking today, is that your opinion? 09:18:08</p> <p>3 MS. CURRY: Object to the form. 09:18:10</p> <p>4 THE WITNESS: So I said all of 09:18:11</p> <p>5 that in my general report, and the 09:18:12</p> <p>6 conclusions actually say that the 09:18:14</p> <p>7 opinions in my general report pertain to 09:18:17</p> <p>8 this individual case report as well. So 09:18:20</p> <p>9 all of that was covered in my general 09:18:22</p> <p>10 report. 09:18:25</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. Dr. Saenz, I am taking that 09:18:27</p> <p>13 sentence directly from Ms. Judkins' report. I 09:18:30</p> <p>14 don't think there's any way you could say that's 09:18:34</p> <p>15 already been covered. 09:18:36</p> <p>16 A. Ma'am, the last sentence under 09:18:37</p> <p>17 Conclusion says: "In addition, all of the 09:18:39</p> <p>18 general causation opinions contained in my expert 09:18:41</p> <p>19 report dated May 21st, 2024, are incorporated 09:18:45</p> <p>20 herein." So that all applies. 09:18:49</p> <p>21 Q. Did you mention Ms. Judkins in your 09:18:52</p> <p>22 general report? 09:18:54</p> <p>23 A. No, ma'am. 09:18:56</p> <p>24 Q. Okay. I'll continue to ask 09:18:57</p>	<p>1 or four times. You've answered what you wanted 09:19:59</p> <p>2 to answer. 09:20:01</p> <p>3 MS. CURRY: Object to the form. 09:20:03</p> <p>4 BY MS. THOMPSON: 09:20:03</p> <p>5 Q. So if you look at 50 case-control 09:20:03</p> <p>6 studies -- 09:20:05</p> <p>7 MS. CURRY: Object to the 09:20:05</p> <p>8 argumentative nature of the preface of 09:20:07</p> <p>9 whatever question you're about to ask. 09:20:09</p> <p>10 BY MS. THOMPSON: 09:20:10</p> <p>11 Q. Okay. My question is, so with 50 09:20:11</p> <p>12 case-control studies, multiple meta-analyses, 09:20:13</p> <p>13 cohort studies, IARC, Health Canada, asbestos 09:20:20</p> <p>14 information, among all of that, your opinion is 09:20:27</p> <p>15 there is no credible scientific data? 09:20:31</p> <p>16 MS. CURRY: Object to the form. 09:20:33</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. Yes or no? 09:20:35</p> <p>19 MS. CURRY: Object to the form, 09:20:35</p> <p>20 and asked and answered. 09:20:39</p> <p>21 THE WITNESS: I stand by my 09:20:39</p> <p>22 prior answer. 09:20:41</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Do you stand by your report? 09:20:44</p>

Page 329	Page 331
<p>1 A. I stand by my report. 09:20:45</p> <p>2 Q. Okay. And you don't -- the next 09:20:47</p> <p>3 part of that opinion is there's no credible 09:20:52</p> <p>4 scientific data to support the conclusion that 09:20:55</p> <p>5 talc contributed to Ms. Judkins' development of 09:20:59</p> <p>6 ovarian cancer, and I want to now focus on to 09:21:03</p> <p>7 support the conclusion. 09:21:06</p> <p>8 You are not looking to -- or are 09:21:13</p> <p>9 you looking to the literature to prove the 09:21:16</p> <p>10 conclusion? 09:21:18</p> <p>11 MS. CURRY: Object to the form. 09:21:19</p> <p>12 THE WITNESS: I don't understand 09:21:22</p> <p>13 your question. 09:21:23</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. When you looked at the literature 09:21:27</p> <p>16 and determined there was no credible scientific 09:21:29</p> <p>17 data, were you trying to prove that it did not 09:21:32</p> <p>18 contribute to Ms. Judkins' development of ovarian 09:21:35</p> <p>19 cancer or just does not support? You would agree 09:21:37</p> <p>20 that's a much lower bar, correct? 09:21:40</p> <p>21 MS. CURRY: Object to the form. 09:21:43</p> <p>22 THE WITNESS: Again, I don't -- 09:21:44</p> <p>23 I don't really understand what your 09:21:45</p> <p>24 question is. 09:21:47</p>	<p>1 A. They can be. 09:22:35</p> <p>2 Q. All right. Next in that same 09:22:38</p> <p>3 sentence, it says: There is no credible 09:22:41</p> <p>4 scientific data to support the conclusion that 09:22:44</p> <p>5 talc contributed to Ms. Judkins' development of 09:22:47</p> <p>6 ovarian cancer. 09:22:52</p> <p>7 And let's focus on the "talc 09:22:52</p> <p>8 contributed" -- 09:22:55</p> <p>9 MS. CURRY: I don't -- 09:22:55</p> <p>10 THE WITNESS: Where are you 09:22:57</p> <p>11 reading? 09:22:57</p> <p>12 MS. CURRY: Hold on one second. 09:22:59</p> <p>13 Margaret, objection. And also I 09:23:00</p> <p>14 don't know where you're reading from 09:23:03</p> <p>15 because the words that you're using are 09:23:04</p> <p>16 not in the report that we have in front 09:23:06</p> <p>17 of us, so it's very confusing. You're 09:23:08</p> <p>18 asking all these questions about 09:23:11</p> <p>19 support, and the word "support" isn't 09:23:13</p> <p>20 even in the document we're looking at. 09:23:15</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Okay. Yeah, I'm sorry that was 09:23:25</p> <p>23 taken from one of the other reports. 09:23:28</p> <p>24 But let's just ask the question, 09:23:30</p>
Page 330	Page 332
<p>1 BY MS. THOMPSON: 09:21:47</p> <p>2 Q. Okay. Is support a conclusion a 09:21:48</p> <p>3 lower bar than prove a conclusion? 09:21:51</p> <p>4 A. I don't have a quantitative 09:21:53</p> <p>5 analysis on that. 09:21:57</p> <p>6 Q. I didn't ask for a quantitative. I 09:21:58</p> <p>7 asked for a qualitative analysis. 09:22:01</p> <p>8 Is support a lower bar than proof? 09:22:04</p> <p>9 MS. CURRY: Object to the form. 09:22:09</p> <p>10 THE WITNESS: I don't really see 09:22:10</p> <p>11 a difference in what you're delineating 09:22:12</p> <p>12 there. Again, I don't necessarily 09:22:14</p> <p>13 understand what you're asking me. 09:22:16</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. If you say something supports 09:22:19</p> <p>16 something and something proves something, which 09:22:21</p> <p>17 is a higher bar? 09:22:23</p> <p>18 A. I think it can -- 09:22:24</p> <p>19 MS. CURRY: Object to the form. 09:22:25</p> <p>20 THE WITNESS: I'm sorry. I 09:22:26</p> <p>21 think they can be used interchangeably. 09:22:28</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. Okay. Support and prove are used 09:22:30</p> <p>24 interchangeably. 09:22:34</p>	<p>1 would you agree that contribute is a lower bar 09:23:32</p> <p>2 than cause? 09:23:36</p> <p>3 MS. CURRY: Object to the form. 09:23:38</p> <p>4 THE WITNESS: Where are we? 09:23:44</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. I'm just asking --</p> <p>7 MS. CURRY: She's just asking a 09:23:46</p> <p>8 question. 09:23:48</p> <p>9 THE WITNESS: I don't -- I don't 09:23:53</p> <p>10 think they're on a scale of any sort. I 09:23:55</p> <p>11 think they're different words with 09:23:58</p> <p>12 different meanings. I think that some 09:24:00</p> <p>13 people use them interchangeably. I 09:24:03</p> <p>14 think that some people don't. 09:24:06</p> <p>15 So without a specific example, I 09:24:08</p> <p>16 can't really just say qualitatively that 09:24:12</p> <p>17 one is a higher bar than the other. 09:24:17</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. In Ms. Rausa's expert report in the 09:24:23</p> <p>20 same section, Conclusion -- 09:24:26</p> <p>21 A. I'm sorry, are we jumping to Rausa 09:24:28</p> <p>22 now? I don't have an exhibit in front of me. 09:24:31</p> <p>23 MS. THOMPSON: Let's pull of the 09:24:34</p> <p>24 expert report for Ms. Rausa, and mark it 09:24:35</p>

Page 333	Page 335
<p>1 as the next Exhibit 34. 09:24:40</p> <p>2 (Exhibit No. 34 was marked for</p> <p>3 identification.)</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. If you'll turn to the Conclusion in 09:26:00</p> <p>6 Ms. Rausa's report, and it states exactly what I 09:26:02</p> <p>7 read for Ms. Judkins, and that is that there is 09:26:09</p> <p>8 no credible scientific data to support the 09:26:11</p> <p>9 conclusion that talc contributed to her 09:26:16</p> <p>10 development of ovarian cancer. 09:26:19</p> <p>11 Do you have a different opinion in 09:26:21</p> <p>12 Ms. Judkins' case than you do in Ms. Rausa's 09:26:25</p> <p>13 case? 09:26:28</p> <p>14 A. In terms of whether or not talc 09:26:29</p> <p>15 contributed to her developing ovarian cancer? 09:26:31</p> <p>16 Q. Correct. 09:26:35</p> <p>17 A. No, I do not. 09:26:36</p> <p>18 Q. So would those two sentences be 09:26:37</p> <p>19 interchangeable between Ms. Judkins' and 09:26:43</p> <p>20 Ms. Rausa's reports? 09:26:47</p> <p>21 A. Well, I wrote one in one and I 09:26:48</p> <p>22 wrote the other in the other, but I have the same 09:26:50</p> <p>23 opinion for both of these cases, that talc did 09:26:52</p> <p>24 not contribute to their development of ovarian 09:26:55</p>	<p>1 A. Ma'am, since we've had an issue 09:28:14</p> <p>2 already with quoting things that are not exactly 09:28:16</p> <p>3 what I wrote, I'd rather see where you're reading 09:28:19</p> <p>4 from before I comment. 09:28:22</p> <p>5 Q. All right. We can do that. 09:28:24</p> <p>6 And it is possible it's from your 09:28:36</p> <p>7 general report, but it applies to -- as you said, 09:28:37</p> <p>8 you incorporate everything, so it applies to your 09:28:40</p> <p>9 case specific. So I will find it. 09:28:43</p> <p>10 Okay. If you will look on what 09:30:28</p> <p>11 would be page 4 if the pages were numbered, it's 09:30:30</p> <p>12 a paragraph that begins -- it's in Ms. Judkins' 09:30:34</p> <p>13 report -- it's a paragraph that begins "In her 09:30:37</p> <p>14 reports and in testimony." And I'm reading the 09:30:40</p> <p>15 second sentence, and if I read it incorrectly -- 09:30:51</p> <p>16 A. I'm sorry, the paragraph begins 09:30:52</p> <p>17 what? 09:30:54</p> <p>18 Q. "In her reports and in testimony." 09:30:55</p> <p>19 A. Okay, I'm with you. 09:31:03</p> <p>20 Q. And your statement is: "To 09:31:04</p> <p>21 attribute causation to any of the risk factors 09:31:06</p> <p>22 associated with the development of ovarian cancer 09:31:10</p> <p>23 is scientifically unsound as the mechanism of 09:31:14</p> <p>24 disease development has yet to be elucidated." 09:31:18</p>
Page 334	Page 336
<p>1 cancer. 09:26:57</p> <p>2 Q. And the same opinion that there is 09:26:57</p> <p>3 no credible scientific data to support the 09:27:00</p> <p>4 conclusion that talc contributed to her 09:27:02</p> <p>5 development of ovarian cancer. 09:27:05</p> <p>6 A. Correct. 09:27:08</p> <p>7 Q. Fine. 09:27:08</p> <p>8 And you also state that: "To 09:27:13</p> <p>9 attribute causation to any risk factors 09:27:27</p> <p>10 associated with the development of ovarian cancer 09:27:31</p> <p>11 is scientifically unsound as the mechanism of 09:27:33</p> <p>12 disease development has yet to be elucidated." 09:27:37</p> <p>13 Is that your opinion for 09:27:41</p> <p>14 Ms. Judkins? 09:27:42</p> <p>15 MS. CURRY: Where are you 09:27:43</p> <p>16 reading from? 09:27:44</p> <p>17 THE WITNESS: Where are we? 09:27:44</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Well, do you agree with that? 09:28:02</p> <p>20 A. Ma'am, where are you reading from? 09:28:04</p> <p>21 Q. Can you just tell me if you agree 09:28:06</p> <p>22 with the statement. I'll have to go to another 09:28:09</p> <p>23 report and see if it applies to all three of your 09:28:11</p> <p>24 opinions. 09:28:13</p>	<p>1 Is that your opinion regarding 09:31:22</p> <p>2 Ms. Judkins? 09:31:25</p> <p>3 A. Yes, it is. 09:31:26</p> <p>4 Q. And is it your opinion that the 09:31:27</p> <p>5 mechanism of a risk factor has to be elucidated 09:31:31</p> <p>6 before you can say that talc contributed to 09:31:39</p> <p>7 Ms. Judkins' ovarian cancer? 09:31:48</p> <p>8 MS. CURRY: Object to the form. 09:31:49</p> <p>9 THE WITNESS: So I think that 09:31:55</p> <p>10 the mechanism by which malignant 09:31:56</p> <p>11 transformation occurs in any of the five 09:32:02</p> <p>12 types of ovarian cancer and how those 09:32:05</p> <p>13 risk factors impact malignant 09:32:10</p> <p>14 transformation has yet to be elucidated 09:32:13</p> <p>15 because we don't understand the process 09:32:16</p> <p>16 of malignant transformation in ovarian 09:32:20</p> <p>17 cancer. 09:32:23</p> <p>18 So how those risk factors are 09:32:24</p> <p>19 contributing to the development of 09:32:29</p> <p>20 cancer, I don't -- I don't think we 09:32:32</p> <p>21 understand yet. So I don't think we can 09:32:34</p> <p>22 apply causation to those risk factors 09:32:37</p> <p>23 because we don't understand how the 09:32:40</p> <p>24 malignant transformation is occurring. 09:32:43</p>

<p style="text-align: right;">Page 337</p> <p>1 BY MS. THOMPSON:</p> <p>2 Q. And is it the same that you can't 09:32:47</p> <p>3 opine as to contribution if the mechanism has not 09:32:55</p> <p>4 been fully elucidated as in Ms. Judkins' case? 09:33:00</p> <p>5 MS. CURRY: Object to the form. 09:33:05</p> <p>6 THE WITNESS: So I don't think 09:33:08</p> <p>7 you can actually say whether or not a 09:33:09</p> <p>8 risk factor has contributed to 09:33:14</p> <p>9 Ms. Judkins developing ovarian cancer 09:33:16</p> <p>10 unless you understand how that risk 09:33:20</p> <p>11 factor works. 09:33:23</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. Is elucidation a higher bar than 09:33:27</p> <p>14 plausible in your opinion? 09:33:30</p> <p>15 A. I -- I don't think they're on a 09:33:33</p> <p>16 continuum. I think they mean different things. 09:33:37</p> <p>17 Q. What does each mean to you? 09:33:39</p> <p>18 A. Plausible means is it likely, and 09:33:44</p> <p>19 elucidated means can you explain it. 09:33:49</p> <p>20 Q. And when I look up "plausible" in</p> <p>21 the --</p> <p>22 A. There's a message on my iPad. I</p> <p>23 don't know what that was. I don't know, it was</p> <p>24 like up in the chat or something.</p>	<p style="text-align: right;">Page 339</p> <p>1 Q. Okay. But to you, it's more 09:35:31</p> <p>2 like- -- it's likely? 09:35:35</p> <p>3 A. Yeah, I don't think that's 09:35:35</p> <p>4 inconsistent with those other definitions. 09:35:36</p> <p>5 Q. Okay. And is elucidated -- well, I 09:35:39</p> <p>6 think you've already answered that. 09:35:50</p> <p>7 Are there well-established cancer 09:35:52</p> <p>8 risks in which the mechanism has not been 09:35:57</p> <p>9 elucidated? 09:36:00</p> <p>10 A. Are there well-established 09:36:03</p> <p>11 cancer -- yes, many of them. 09:36:07</p> <p>12 Q. And why does that not apply to 09:36:10</p> <p>13 ovarian cancer? 09:36:14</p> <p>14 MS. CURRY: Object to the form. 09:36:15</p> <p>15 THE WITNESS: It absolutely 09:36:17</p> <p>16 does. It's what we've talked about. 09:36:19</p> <p>17 There are well- established risk factors 09:36:21</p> <p>18 for ovarian cancer, but we don't know 09:36:24</p> <p>19 how those actually affect the 09:36:28</p> <p>20 development and malignant 09:36:32</p> <p>21 transformation.</p> <p>22 BY MS. THOMPSON: 09:36:34</p> <p>23 Q. If I said "risk factor," I stated 09:36:34</p> <p>24 that incorrectly. 09:36:38</p>
<p style="text-align: right;">Page 338</p> <p>1 MS. O'DELL: I apologize. I was</p> <p>2 just asking for Michelle to be let in to the</p> <p>3 Zoom. I apologize.</p> <p>4 THE WITNESS: Sorry, I just -- I</p> <p>5 didn't get a chance to see it.</p> <p>6 MS. O'DELL: I'm sorry, I didn't</p> <p>7 mean to interrupt.</p> <p>8 (A discussion was held off the</p> <p>9 record.)</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. So let's go back to that. So in 09:34:57</p> <p>12 your mind, plausible means it is likely, correct? 09:34:57</p> <p>13 A. Plausible means that, yes, you 09:35:01</p> <p>14 can -- yes, it's likely. There is a reasonable 09:35:01</p> <p>15 explanation for how that would occur. 09:35:04</p> <p>16 Q. Now, when I look up the word 09:35:07</p> <p>17 "plausibility" in the dictionary, I see 09:35:10</p> <p>18 definitions like "believable," "possible," or 09:35:13</p> <p>19 "makes sense." 09:35:22</p> <p>20 Would you disagree with that 09:35:23</p> <p>21 characterization of plausible? 09:35:25</p> <p>22 MS. CURRY: Object to the form. 09:35:30</p> <p>23 THE WITNESS: No. 09:35:31</p> <p>24 BY MS. THOMPSON: 09:35:31</p>	<p style="text-align: right;">Page 340</p> <p>1 Are there carcinogens that are 09:36:40</p> <p>2 known to cause cancers in which the mechanism has 09:36:44</p> <p>3 not been fully elucidated? 09:36:48</p> <p>4 A. I believe so. 09:36:52</p> <p>5 Q. For example, has the mechanism by 09:37:00</p> <p>6 which asbestos causes mesothelioma been fully 09:37:03</p> <p>7 elucidated? 09:37:07</p> <p>8 A. I don't know. I don't study 09:37:08</p> <p>9 mesothelioma. 09:37:10</p> <p>10 Q. Did you study asbestos in ovarian 09:37:10</p> <p>11 cancer? 09:37:16</p> <p>12 A. I didn't study the mechanism of 09:37:16</p> <p>13 carcinogenesis. 09:37:19</p> <p>14 Q. Why not? 09:37:21</p> <p>15 A. Because it isn't relevant to my 09:37:23</p> <p>16 opinions. 09:37:25</p> <p>17 Q. And with Ms. Judkins, asbestos was 09:37:30</p> <p>18 not relevant to your opinions as to whether 09:37:36</p> <p>19 talcum powder, even with asbestos, could 09:37:39</p> <p>20 contribute to her ovarian cancer? 09:37:43</p> <p>21 MS. CURRY: Object to the form. 09:37:46</p> <p>22 THE WITNESS: So as I've already 09:37:49</p> <p>23 said in my general causation report, the 09:37:50</p> <p>24 constituents of the baby powder are not 09:37:54</p>

<p style="text-align: right;">Page 341</p> <p>1 relevant to my opinions because the 09:37:57</p> <p>2 literature on the perineal application 09:37:59</p> <p>3 of talc does not support an increased 09:38:01</p> <p>4 risk of ovarian cancer with that 09:38:04</p> <p>5 application of talc. 09:38:07</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. And with all due respect, we're 09:38:10</p> <p>8 talking about Ms. Judkins and whether you 09:38:11</p> <p>9 consider asbestos as important in your 09:38:15</p> <p>10 case-specific opinion of Ms. Judkins and how talc 09:38:20</p> <p>11 could or could not have contributed to her 09:38:25</p> <p>12 ovarian cancer. 09:38:28</p> <p>13 MS. CURRY: Object to the form. 09:38:28</p> <p>14 And just to put on the record that the 09:38:29</p> <p>15 general cause opinions are all 09:38:32</p> <p>16 incorporated within each of the 09:38:33</p> <p>17 individual case-specific reports. 09:38:35</p> <p>18 They've just been produced as separate 09:38:37</p> <p>19 documents. 09:38:39</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. But you will agree that the 09:38:42</p> <p>22 contribution -- potential contribution of 09:38:48</p> <p>23 asbestos in Ms. Judkins' case is relevant, would 09:38:50</p> <p>24 you not? 09:38:55</p>	<p style="text-align: right;">Page 343</p> <p>1 if there are other types of cancers that you do 09:40:18</p> <p>2 assume there's cause where the mechanism has not 09:40:20</p> <p>3 been elucidated. 09:40:23</p> <p>4 This applies directly to 09:40:24</p> <p>5 Ms. Judkins, and I'm asking, are there other 09:40:26</p> <p>6 cancers that the mechanism has been elucidated 09:40:29</p> <p>7 where you would not have any trouble saying a 09:40:33</p> <p>8 particular individual's cancer was caused by 09:40:37</p> <p>9 asbestos, for example? 09:40:42</p> <p>10 Does that -- are you understanding 09:40:43</p> <p>11 the reasoning? 09:40:46</p> <p>12 MS. CURRY: Object to the form. 09:40:47</p> <p>13 THE WITNESS: No. Because in 09:40:48</p> <p>14 fact you just said the mechanism has 09:40:49</p> <p>15 been elucidated. So if the mechanism 09:40:52</p> <p>16 has been elucidated, then I don't 09:40:56</p> <p>17 understand what the question is at all. 09:40:57</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. No, that's not what I'm saying. 09:40:59</p> <p>20 I'm saying there are other causes of cancer where 09:41:02</p> <p>21 the mechanism has not been fully elucidated. But 09:41:05</p> <p>22 I'm just going to continue with my questions, and 09:41:08</p> <p>23 I'd appreciate it if you would just answer them. 09:41:11</p> <p>24 Does smoking cause lung cancer? 09:41:14</p>
<p style="text-align: right;">Page 342</p> <p>1 A. I do not agree with that statement. 09:38:57</p> <p>2 Q. We'll get to some of the other 09:39:01</p> <p>3 evidence a little later on, and particularly what 09:39:04</p> <p>4 you looked at in that regard. 09:39:12</p> <p>5 But back to the mechanism, does 09:39:14</p> <p>6 smoking cause lung cancer? 09:39:17</p> <p>7 A. How does this apply to Ms. Judkins, 09:39:21</p> <p>8 ma'am? 09:39:24</p> <p>9 Q. I -- I ask the questions. 09:39:25</p> <p>10 A. Okay. So -- 09:39:27</p> <p>11 MS. CURRY: Object to the form. 09:39:28</p> <p>12 This is a general cause opinion, and the 09:39:29</p> <p>13 time limit has run on general cause 09:39:32</p> <p>14 opinions. 09:39:35</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. You can answer. 09:39:38</p> <p>17 A. This has nothing to do with 09:39:39</p> <p>18 Ms. Judkins. 09:39:41</p> <p>19 Q. I am looking to your sentence and 09:39:41</p> <p>20 trying to get -- understand the opinion that it's 09:39:49</p> <p>21 scientifically unsound because the mechanism of 09:39:54</p> <p>22 disease development has yet to be elucidated, and 09:40:00</p> <p>23 I am trying to understand that opinion. And it 09:40:04</p> <p>24 is perfectly in the realm of understanding to see 09:40:10</p>	<p style="text-align: right;">Page 344</p> <p>1 MS. CURRY: Object to the form. 09:41:16</p> <p>2 Same objection. 09:41:17</p> <p>3 THE WITNESS: Ms. Judkins was 09:41:17</p> <p>4 not a smoker, and she didn't have lung 09:41:18</p> <p>5 cancer. 09:41:21</p> <p>6 BY MS. THOMPSON: 09:41:22</p> <p>7 Q. Does cancer cause lung cancer? 09:41:22</p> <p>8 MS. CURRY: Object to the form. 09:41:27</p> <p>9 THE WITNESS: That doesn't make 09:41:27</p> <p>10 any sense at all. 09:41:30</p> <p>11 MS. CURRY: You said, Does 09:41:31</p> <p>12 cancer cause cancer? 09:41:32</p> <p>13 BY MS. THOMPSON: 09:41:34</p> <p>14 Q. Sorry. Does smoking cause lung 09:41:35</p> <p>15 cancer? 09:41:37</p> <p>16 MS. CURRY: Object to the form. 09:41:37</p> <p>17 THE WITNESS: Ms. Judkins was 09:41:37</p> <p>18 not a smoker. 09:41:38</p> <p>19 BY MS. THOMPSON: 09:41:39</p> <p>20 Q. I didn't ask if Ms. Judkins was a 09:41:40</p> <p>21 smoker. I said, does smoking cause lung cancer? 09:41:42</p> <p>22 A. Ma'am, I'm -- 09:41:45</p> <p>23 MS. CURRY: Outside the scope of 09:41:45</p> <p>24 the case-specific opinions. 09:41:47</p>

<p style="text-align: right;">Page 345</p> <p>1 BY MS. THOMPSON: 09:41:50</p> <p>2 Q. Does smoking cause lung cancer in 09:41:51</p> <p>3 an individual? 09:41:52</p> <p>4 MS. CURRY: Same objection. 09:41:57</p> <p>5 THE WITNESS: Ma'am, Ms. Judkins 09:41:59</p> <p>6 was not a smoker. 09:41:59</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Are you not going to be able to 09:42:04</p> <p>9 answer questions? 09:42:06</p> <p>10 A. I'm -- 09:42:07</p> <p>11 MS. CURRY: She should be 09:42:08</p> <p>12 limited to what's in the case-specific 09:42:09</p> <p>13 opinions about Ms. Judkins. That's what 09:42:12</p> <p>14 we're here for today. 09:42:14</p> <p>15 MS. THOMPSON: Are you 09:42:16</p> <p>16 instructing her not to answer a question 09:42:16</p> <p>17 that clearly relates to the opinion in 09:42:18</p> <p>18 her report of why she can't attribute 09:42:22</p> <p>19 causation? 09:42:26</p> <p>20 MS. CURRY: I'm not instructing 09:42:27</p> <p>21 her not to answer that question, but 09:42:29</p> <p>22 we're not going to spend seven hours 09:42:31</p> <p>23 today retreading general opinions. The 09:42:33</p> <p>24 general opinion portion has ended. 09:42:37</p>	<p style="text-align: right;">Page 347</p> <p>1 cause lung cancer? Yes, we do. But that's 09:43:51</p> <p>2 because there is a consistency in the literature, 09:43:54</p> <p>3 there is a consistent strength of association, 09:43:58</p> <p>4 there is evidence of a biologic gradient, and a 09:44:01</p> <p>5 dose- response curve. Those things do not exist 09:44:05</p> <p>6 for the perineal application of talc and patients 09:44:09</p> <p>7 developing ovarian cancer. 09:44:13</p> <p>8 BY MS. THOMPSON: 09:44:15</p> <p>9 Q. And because of all those reasons, 09:44:18</p> <p>10 you would accept smoking as contributing to lung 09:44:20</p> <p>11 cancer, even though the mechanism hasn't been 09:44:24</p> <p>12 fully elucidated. 09:44:27</p> <p>13 MS. CURRY: Object to the form. 09:44:28</p> <p>14 THE WITNESS: Correct. 09:44:30</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. In your report -- and it's a little 09:44:36</p> <p>17 challenging without page numbers, but we will 09:45:01</p> <p>18 manage -- below the sentence we just read to 09:45:09</p> <p>19 attribute causation to any of the risk factors, 09:45:14</p> <p>20 you have the sentence -- and this is in 09:45:19</p> <p>21 Ms. Judkins' report, just to be clear -- "While 09:45:23</p> <p>22 it is true that germline mutations, incessant 09:45:28</p> <p>23 ovulation, hormone replacement therapy, and 09:45:33</p> <p>24 family history are all positively associated with 09:45:37</p>
<p style="text-align: right;">Page 346</p> <p>1 If you want to ask -- if you 09:42:38</p> <p>2 want to finish with that sentence that's 09:42:39</p> <p>3 in Ms. Judkins' report, that's fine, but 09:42:41</p> <p>4 the question has been -- 09:42:46</p> <p>5 MS. THOMPSON: I refer back -- 09:42:48</p> <p>6 sorry, Dawn. I referred it back to this 09:42:48</p> <p>7 opinion with every question, but I will 09:42:51</p> <p>8 continue to make sure the name 09:42:56</p> <p>9 Ms. Judkins is in the question. 09:43:00</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. All right. You cannot attribute 09:43:01</p> <p>12 causation to any of the risk factors in 09:43:04</p> <p>13 Ms. Judkins' case because the mechanism has not 09:43:07</p> <p>14 been elucidated. 09:43:11</p> <p>15 Would that apply if we were talking 09:43:14</p> <p>16 about smoking and lung cancer in Ms. Judkins' 09:43:17</p> <p>17 case? 09:43:19</p> <p>18 A. So not every patient that gets lung 09:43:20</p> <p>19 cancer is a smoker. The contribution of smoking 09:43:27</p> <p>20 to any individual person's lung cancer is 09:43:30</p> <p>21 unknown, even if they were a smoker. And lung 09:43:36</p> <p>22 cancer, like ovarian cancer, is multifactorial. 09:43:40</p> <p>23 So do we accept in the medical 09:43:44</p> <p>24 community that smoking contributes to and can 09:43:47</p>	<p style="text-align: right;">Page 348</p> <p>1 the development of ovarian cancer, there is not a 09:45:40</p> <p>2 causal role attributed to any of these risk 09:45:44</p> <p>3 factors, just as any of the factors known to 09:45:51</p> <p>4 decrease the risk of ovarian cancer cannot be 09:45:54</p> <p>5 attributed with a preventive role, e.g., BTL, use 09:45:57</p> <p>6 of OCPs, et cetera." 09:46:04</p> <p>7 If you don't mind, I'm going to try 09:46:06</p> <p>8 to break that down a little bit just so I can 09:46:08</p> <p>9 understand your opinion. 09:46:12</p> <p>10 Is it your opinion that the 09:46:16</p> <p>11 mechanism for germline mutations -- well, let's 09:46:19</p> <p>12 take them one by one. 09:46:27</p> <p>13 Has the mechanism been elucidated 09:46:29</p> <p>14 by germline mutations, specifically BRCA1 and 2? 09:46:32</p> <p>15 MS. CURRY: Object to the form. 09:46:39</p> <p>16 THE WITNESS: The mechanism of 09:46:40</p> <p>17 what? 09:46:41</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Carcinogenesis -- ovarian 09:46:45</p> <p>20 carcinogenesis. 09:46:46</p> <p>21 A. So for many of the genes that 09:46:48</p> <p>22 patients who have germline mutations are thought 09:46:50</p> <p>23 to be at an increased risk of developing ovarian 09:46:54</p> <p>24 cancer, we understand the function of those genes 09:46:57</p>

<p style="text-align: right;">Page 349</p> <p>1 in many, many cases. But how that particular 09:47:02</p> <p>2 mutation in that particular patient ultimately 09:47:10</p> <p>3 leads to the development of ovarian cancer, we 09:47:14</p> <p>4 don't understand that, because there are many 09:47:18</p> <p>5 patients that have mutations, germline mutations, 09:47:21</p> <p>6 that never develop the cancer. 09:47:25</p> <p>7 And so that level of understanding 09:47:28</p> <p>8 has not yet -- we don't understand that yet. Why 09:47:33</p> <p>9 do some patients get cancer and others don't, 09:47:38</p> <p>10 despite the fact that those patients have 09:47:42</p> <p>11 germline mutations? 09:47:45</p> <p>12 So do we understand that the BRCA 09:47:46</p> <p>13 genes are involved in homologous recombination 09:47:52</p> <p>14 deficiency? Yes. But how that then goes on to 09:47:55</p> <p>15 lead to cancer in some and not others, we don't 09:48:00</p> <p>16 understand. 09:48:03</p> <p>17 Q. So I'm hearing you say that BRCA1 09:48:06</p> <p>18 and 2, the mechanism for ovarian carcinogenesis, 09:48:15</p> <p>19 is not fully elucidated. Is that a correct -- is 09:48:25</p> <p>20 that what you're testifying? 09:48:27</p> <p>21 A. What I'm testifying is we 09:48:28</p> <p>22 understand the function of the gene. We do not 09:48:29</p> <p>23 know why some patients go on to get cancer and 09:48:32</p> <p>24 others don't. 09:48:39</p>	<p style="text-align: right;">Page 351</p> <p>1 ovarian cancer, we do not understand that. 09:49:50</p> <p>2 And that's supported by the data 09:49:52</p> <p>3 that ovulation suppressive things, such as birth 09:49:58</p> <p>4 control pills, pregnancy, breastfeeding, the 09:50:07</p> <p>5 percentage of risk reduction that you get from 09:50:13</p> <p>6 those things far exceeds simply the number of 09:50:16</p> <p>7 ovulatory events that you don't have as a result 09:50:21</p> <p>8 of those interventions. And so we really don't 09:50:24</p> <p>9 understand why incessant ovulation is a risk 09:50:30</p> <p>10 factor for the development of ovarian cancer. 09:50:34</p> <p>11 Q. And that's why you include 09:50:36</p> <p>12 incessant ovulation in this opinion that you 09:50:42</p> <p>13 cannot attribute a causal role, correct? 09:50:44</p> <p>14 A. You can't attribute a causal role 09:50:48</p> <p>15 because we don't know why it is associated. We 09:50:52</p> <p>16 just know that it is. 09:50:55</p> <p>17 Q. And on the flip side of that, you 09:50:56</p> <p>18 discussed oral contraceptives, and you cannot 09:50:58</p> <p>19 determine a preventative role because we don't 09:51:04</p> <p>20 understand fully the mechanism, correct? 09:51:11</p> <p>21 A. Correct.</p> <p>22 Q. And you also list hormone 09:51:17</p> <p>23 replacement therapy, and it's your opinion that 09:51:19</p> <p>24 any hormone replacement is positively associated 09:51:27</p>
<p style="text-align: right;">Page 350</p> <p>1 Q. So it's not fully elucidated, 09:48:40</p> <p>2 correct?</p> <p>3 MS. CURRY: Object to the form. 09:48:42</p> <p>4 THE WITNESS: What's not fully 09:48:42</p> <p>5 elucidated is how that genetic mutation 09:48:44</p> <p>6 ultimately causes ovarian cancer in some 09:48:48</p> <p>7 but not in others. 09:48:51</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And that's why you say in this 09:48:53</p> <p>10 sentence, it says there is not a causal role 09:48:56</p> <p>11 attributed to any of these risk factors, 09:49:00</p> <p>12 including germline mutations, correct? 09:49:04</p> <p>13 A. Yes.</p> <p>14 Q. And then the next, incessant 09:49:09</p> <p>15 ovulation, is it your opinion that the mechanism 09:49:13</p> <p>16 by which incessant ovulation could result in 09:49:16</p> <p>17 ovarian carcinogenesis has not been fully 09:49:22</p> <p>18 elucidated? 09:49:27</p> <p>19 A. So we don't actually know that 09:49:27</p> <p>20 incessant ovulation causes ovarian cancer. We 09:49:30</p> <p>21 know that incessant ovulation is associated with 09:49:33</p> <p>22 the development of ovarian cancer, but how that 09:49:36</p> <p>23 risk factor actually -- how is it that incessant 09:49:40</p> <p>24 ovulation contributes to the development of 09:49:47</p>	<p style="text-align: right;">Page 352</p> <p>1 with the development of ovarian cancer? 09:51:29</p> <p>2 MS. CURRY: Object to the form. 09:51:30</p> <p>3 THE WITNESS: It's associated 09:51:31</p> <p>4 with an increased risk of developing 09:51:32</p> <p>5 ovarian cancer. 09:51:34</p> <p>6 BY MS. THOMPSON: 09:51:35</p> <p>7 Q. Positively associated with 09:51:40</p> <p>8 development of ovarian cancer. 09:51:41</p> <p>9 A. I said increased risk. 09:51:43</p> <p>10 Q. I'm just reading from your report. 09:51:47</p> <p>11 A. That's correct. 09:51:58</p> <p>12 Q. Okay. And family history, what 09:51:59</p> <p>13 constitutes a family history that would be 09:52:04</p> <p>14 positively associated with the development of 09:52:10</p> <p>15 ovarian cancer? 09:52:12</p> <p>16 A. Ma'am, we covered this yesterday. 09:52:13</p> <p>17 Q. What family history in 09:52:18</p> <p>18 Ms. Judkins -- I'm reading directly out of your 09:52:20</p> <p>19 Judkins case-specific report. I assume that you 09:52:22</p> <p>20 put things and opinions in this report that apply 09:52:26</p> <p>21 to Ms. Judkins. 09:52:30</p> <p>22 What family history in Ms. Judkins 09:52:32</p> <p>23 would constitute a positive association with the 09:52:35</p> <p>24 development of ovarian cancer? 09:52:38</p>

<p style="text-align: right;">Page 353</p> <p>1 A. So Ms. Judkins had a family history 09:52:40 2 of breast cancer, not in any first-degree 09:53:01 3 relatives, but she did have a family history of 09:53:04 4 breast cancer. She also had a family member that 09:53:07 5 had pancreatic cancer, and another family member 09:53:10 6 that had prostate cancer, and then she had two 09:53:15 7 other family members that had some type of 09:53:19 8 genitourinary cancer. She wasn't sure what type 09:53:27 9 exactly. She had one that she identified as 09:53:30 10 either bladder or kidney, and another relative 09:53:33 11 that had either bladder or kidney. So she had, 09:53:37 12 by my count, roughly six non-first-degree 09:53:41 13 relatives that had cancer. 09:53:46 14 Q. And is it your opinion that 09:53:48 15 Ms. Judkins' family history would be positively 09:53:50 16 associated with the development of ovarian 09:53:55 17 cancer? 09:53:58 18 A. I think the relatives that had 09:53:58 19 cancer were too many generations away from her to 09:54:03 20 actually constitute an increase in her risk of 09:54:07 21 developing ovarian cancer. 09:54:12 22 Q. Okay. And if there is no increased 09:54:15 23 risk, there will be no causal role, correct? 09:54:17 24 A. Well, I wouldn't attribute a causal 09:54:22</p>	<p style="text-align: right;">Page 355</p> <p>1 Q. Okay. As preventive. 09:56:36 2 A. Correct. 09:56:38 3 Q. Got it. And when you say "are 09:56:38 4 still hypotheses," could you explain to me what 09:56:47 5 you mean that those would be -- still be 09:56:50 6 hypotheses as they could relate to Ms. Judkins or 09:56:54 7 another individual? 09:56:57 8 A. So, for example, the incessant 09:56:59 9 ovulation hypothesis which was proposed by 09:57:08 10 Fathalla in 1971, the hypothesis was that the 09:57:10 11 disruption of the ovarian surface with ovulation 09:57:14 12 leads to damage, which ultimately can result in 09:57:19 13 DNA damage, and then lead to carcinoma. 09:57:23 14 But as I've already explained a few 09:57:28 15 minutes ago, we also know that the amount of 09:57:30 16 benefit in terms of reduction of risk seen by 09:57:36 17 measures that remove ovulatory events from a 09:57:41 18 woman's lifetime history, such as breastfeeding, 09:57:43 19 such as pregnancy, such as use of oral 09:57:48 20 contraceptives, that benefit is far out and 09:57:51 21 above -- above in proportion to simply 09:57:56 22 eliminating those number of lifetime ovulatory 09:57:59 23 events. 09:58:03 24 And so that contradicts the simple 09:58:04</p>
<p style="text-align: right;">Page 354</p> <p>1 role in any one individual anyway. 09:54:26 2 Q. Okay. Understood. 09:54:29 3 And further on in Ms. Judkins' 09:55:05 4 report -- and I will need to find the 09:55:05 5 place. 09:55:07 6 We're in the same paragraph. A 09:55:39 7 little further down, you state: "These 09:55:42 8 factors" -- 09:55:47 9 Did you find it? 09:55:49 10 A. Yes, ma'am. 09:55:50 11 Q. -- "are merely associations, and 09:55:51 12 how the actual disease develops and why these 09:55:55 13 factors are either positively or negatively 09:55:59 14 associated with the development of ovarian cancer 09:56:04 15 are still hypotheses." 09:56:09 16 What factors are you referring to 09:56:14 17 in that sentence? 09:56:16 18 A. The ones that we just mentioned in 09:56:17 19 the sentences above. 09:56:19 20 Q. Okay. So that would apply to 09:56:24 21 germline mutations, incessant ovulation, hormone 09:56:26 22 replacement therapy and family history, correct? 09:56:29 23 A. Correct, as well as the BTLs, use 09:56:31 24 of OCPs, et cetera. 09:56:34</p>	<p style="text-align: right;">Page 356</p> <p>1 fact that it's just an ovulatory event leading to 09:58:08 2 DNA damage that is the reason that incessant 09:58:12 3 ovulation is associated with ovarian cancer. We 09:58:16 4 don't understand why that is, and so that's why 09:58:20 5 it's a hypothesis. 09:58:24 6 Q. When you use the word "hypothesis," 09:58:32 7 is that equivalent to implausible in your mind? 09:58:34 8 A. No. 09:58:39 9 Q. So are hypotheses plausible? 09:58:41 10 MS. CURRY: Object to the form. 09:58:45 11 THE WITNESS: Hypotheses are 09:58:48 12 propositions. Some of them are 09:58:49 13 plausible, some of them are not. I 09:58:52 14 think you have to evaluate each 09:58:55 15 hypothesis at its face value. 09:58:57 16 BY MS. THOMPSON: 17 Q. So when you used the word 09:59:03 18 "hypothesis," how do we tell whether you think 09:59:06 19 it's a plausible hypothesis or an implausible 09:59:08 20 hypothesis? 09:59:14 21 A. You can ask me. 09:59:14 22 Q. All right. So let's take this 09:59:15 23 sentence in Ms. Judkins' report where you use 09:59:20 24 "hypothesis" to refer to the factors germline 09:59:23</p>

Page 357	Page 359
<p>1 mutation, incessant ovulation, hormone 09:59:28</p> <p>2 replacement and family history. 09:59:32</p> <p>3 Are those plausible hypotheses for 09:59:35</p> <p>4 a contribution or implausible? 09:59:40</p> <p>5 MS. CURRY: Objection. 09:59:43</p> <p>6 Compound, and already asked and answered 09:59:45</p> <p>7 with respect to incessant ovulation. 09:59:48</p> <p>8 MS. THOMPSON: Okay. We can -- 09:59:50</p> <p>9 I don't believe so, but let's take them 09:59:51</p> <p>10 one by one. 09:59:52</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. Is a hypothesis for how germline 09:59:58</p> <p>13 mutations can contribute to ovarian 10:00:00</p> <p>14 carcinogenesis plausible? 10:00:06</p> <p>15 A. Which hypothesis? 10:00:08</p> <p>16 Q. I'm -- I think I'm reading directly 10:00:10</p> <p>17 from your report, if you want to look at that 10:00:16</p> <p>18 sentence again. 10:00:18</p> <p>19 A. You're reading a risk factor. 10:00:20</p> <p>20 You're not telling me the hypothesis of how that 10:00:21</p> <p>21 would cause ovarian cancer. 10:00:23</p> <p>22 Q. You're saying how the actual 10:00:30</p> <p>23 disease develops in that sentence. Agree? 10:00:32</p> <p>24 Or you tell me, in that sentence 10:00:38</p>	<p>1 actually associated with that disease. Sometimes 10:02:05</p> <p>2 your hypothesis is right, sometimes it's wrong. 10:02:09</p> <p>3 MS. THOMPSON: I will object to 10:02:13</p> <p>4 the entire answer as being 10:02:14</p> <p>5 nonresponsive. 10:02:16</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. My question was in this sentence 10:02:17</p> <p>8 that we just read in Ms. Judkins' report: "These 10:02:19</p> <p>9 factors are merely associations, and how the 10:02:22</p> <p>10 actual disease develops and why these factors are 10:02:27</p> <p>11 either positively or negatively associated with 10:02:31</p> <p>12 the development of ovarian cancer are still 10:02:33</p> <p>13 hypotheses." 10:02:40</p> <p>14 I'm asking what in that sentence is 10:02:42</p> <p>15 the hypothesis? 10:02:46</p> <p>16 MS. CURRY: Objection. That's 10:02:46</p> <p>17 exactly what she just answered. 10:02:47</p> <p>18 MS. THOMPSON: I didn't ask 10:02:50</p> <p>19 anything about Huang and CRP and -- 10:02:51</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. What in this -- in this sentence, 10:02:54</p> <p>22 what does "hypothesis" refer to? 10:02:56</p> <p>23 MS. CURRY: Objection. 10:02:57</p> <p>24 BY MS. THOMPSON:</p>
Page 358	Page 360
<p>1 what does "hypothesis" refer to? 10:00:41</p> <p>2 A. We don't understand the mechanism. 10:00:42</p> <p>3 It's not as simplistic as simply having one of 10:00:52</p> <p>4 those risk factors. So there are various 10:00:56</p> <p>5 scientific experiments out there that are being 10:00:58</p> <p>6 conducted to try to answer those questions. 10:01:01</p> <p>7 Those scientific experiments all start with 10:01:05</p> <p>8 hypotheses. 10:01:09</p> <p>9 So, for example, the Huang paper 10:01:11</p> <p>10 that we talked about yesterday, they thought they 10:01:14</p> <p>11 would find elevated levels of CRP in women that 10:01:18</p> <p>12 had more lifetime ovulatory years. They in fact 10:01:21</p> <p>13 did not find that. They found lower CRP levels 10:01:25</p> <p>14 in women with more lifetime ovulatory years. So 10:01:29</p> <p>15 they said that their original hypothesis was that 10:01:33</p> <p>16 they thought ovulation would contribute to the 10:01:36</p> <p>17 development of systemic chronic inflammation, but 10:01:40</p> <p>18 in fact when they did the experiment, they found 10:01:45</p> <p>19 the opposite. 10:01:47</p> <p>20 And so that's what I mean by you 10:01:49</p> <p>21 have a risk factor, you know that it's associated 10:01:52</p> <p>22 with the development of a disease, and that as a 10:01:55</p> <p>23 scientist, you go about designing experiments to 10:01:58</p> <p>24 try to figure out how that risk factor is 10:02:01</p>	<p>1 Q. Because I was assuming that it's 10:03:00</p> <p>2 how the actual disease develops. Am I -- is that 10:03:01</p> <p>3 an incorrect assumption? 10:03:06</p> <p>4 A. The hypotheses are trying to figure 10:03:12</p> <p>5 out why these risk factors are associated with 10:03:14</p> <p>6 the disease. 10:03:17</p> <p>7 Q. That's what I took it to mean too. 10:03:21</p> <p>8 I just wanted clarification on that. 10:03:23</p> <p>9 And so how germline mutations -- so 10:03:26</p> <p>10 let's just make that BRCA1 and 2. So how BRCA1 10:03:31</p> <p>11 and 2 mutations -- let me rephrase that so I use 10:03:38</p> <p>12 your exact language. 10:03:50</p> <p>13 So how the actual disease develops 10:03:51</p> <p>14 as a result of BRCA1 and BRCA2 is a hypothesis. 10:03:54</p> <p>15 Did I understand -- 10:04:05</p> <p>16 A. I don't honestly understand what 10:04:08</p> <p>17 you're dissecting here, ma'am. I'm sorry, but -- 10:04:11</p> <p>18 Q. I'm not trying to dissect anything. 10:04:15</p> <p>19 I'm just trying to understand your opinion. So 10:04:17</p> <p>20 let me ask it again. 10:04:19</p> <p>21 And I'm taking it -- trying to use 10:04:27</p> <p>22 your exact words. 10:04:29</p> <p>23 So how the actual disease develops 10:04:30</p> <p>24 from a BRCA1 or BRCA2 germline mutations is a 10:04:38</p>

<p style="text-align: right;">Page 361</p> <p>1 hypothesis. 10:04:46</p> <p>2 A. Again, ma'am, I don't understand 10:04:53</p> <p>3 what you're dissecting. I answered your question 10:04:54</p> <p>4 before, and what I'm saying is we have hypotheses 10:04:58</p> <p>5 about why all of these factors have been 10:05:00</p> <p>6 associated with the development of ovarian 10:05:03</p> <p>7 cancer. But actually understanding the mechanism 10:05:05</p> <p>8 of how these risk factors lead to the development 10:05:09</p> <p>9 of disease, that's what remains a hypothesis. We 10:05:13</p> <p>10 don't understand that. Not yet. We hope to. 10:05:17</p> <p>11 Q. And I believe that was just my 10:05:24</p> <p>12 question. It wasn't meant to be, you know, 10:05:25</p> <p>13 controversial, and I'm going to ask the same -- 10:05:28</p> <p>14 A. But I answered that before, and now 10:05:29</p> <p>15 you're trying to pick it out for each individual 10:05:31</p> <p>16 one, and I answered it collectively. 10:05:34</p> <p>17 Q. Well -- 10:05:38</p> <p>18 A. So that's -- 10:05:39</p> <p>19 Q. -- that's a fair criticism, but 10:05:41</p> <p>20 when I asked them collectively -- 10:05:43</p> <p>21 MS. CURRY: I did object. 10:05:45</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. -- it was objected to as a compound 10:05:46</p> <p>24 question. So, you know, I'm good either way. 10:05:48</p>	<p style="text-align: right;">Page 363</p> <p>1 BY MS. THOMPSON: 10:06:52</p> <p>2 Q. Okay, we're getting there. And 10:06:53</p> <p>3 that's why you would not identify any of those as 10:06:54</p> <p>4 causal, correct? 10:06:58</p> <p>5 A. Correct. 10:07:00</p> <p>6 Q. Okay. And I'm really not trying to 10:07:04</p> <p>7 trick you or to get you to say something you 10:07:07</p> <p>8 don't want to say. I'm really just trying to 10:07:10</p> <p>9 understand what's in your report. 10:07:13</p> <p>10 Fair? 10:07:15</p> <p>11 A. Fair. 10:07:15</p> <p>12 Q. Okay. All right. Moving on -- 10:07:15</p> <p>13 moving right along. 10:07:18</p> <p>14 I have the list of the materials 10:07:28</p> <p>15 considered specifically for Ms. Judkins, and if 10:07:30</p> <p>16 you want to turn to the end of your case-specific 10:07:34</p> <p>17 report on Ms. Judkins, you will see that list. 10:07:41</p> <p>18 And you'll agree it's extensive, correct? 10:07:45</p> <p>19 A. There are a number of items listed 10:07:50</p> <p>20 here. 10:07:55</p> <p>21 Q. And it includes -- 10:07:55</p> <p>22 MS. CURRY: I just -- sorry, I 10:07:55</p> <p>23 do not mean to cut you off, Margaret. I 10:07:57</p> <p>24 just want to make clear that the -- all 10:08:00</p>
<p style="text-align: right;">Page 362</p> <p>1 THE WITNESS: Okay, shame on 10:05:48</p> <p>2 you -- 10:05:49</p> <p>3 MS. CURRY: I will take the 10:05:50</p> <p>4 blame on that one. 10:05:52</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Just tell me and I will be happy to 10:05:53</p> <p>7 do it either way. 10:05:55</p> <p>8 A. Shame on you. 10:05:57</p> <p>9 Q. That's okay.</p> <p>10 A. I answered them collectively. 10:05:59</p> <p>11 Q. So you would say that how the 10:06:04</p> <p>12 actual disease develops as a result of a germline 10:06:07</p> <p>13 mutation, incessant ovulation, hormone 10:06:11</p> <p>14 replacement or a significant family history, how 10:06:15</p> <p>15 that actually -- how the actual disease develops, 10:06:20</p> <p>16 those would be hypotheses, correct? 10:06:26</p> <p>17 MS. CURRY: Object to the form. 10:06:30</p> <p>18 THE WITNESS: What we don't 10:06:31</p> <p>19 understand yet, what is the hypothesis 10:06:32</p> <p>20 is why these identified -- is how these 10:06:35</p> <p>21 identified risk factors actually lead to 10:06:39</p> <p>22 the development of ovarian cancer. 10:06:42</p> <p>23 That's what the hypothesis is -- or what 10:06:45</p> <p>24 the hypotheses are. 10:06:51</p>	<p style="text-align: right;">Page 364</p> <p>1 of the references in the materials 10:08:02</p> <p>2 considered list for the general report 10:08:05</p> <p>3 are obviously relevant here as well, but 10:08:10</p> <p>4 these are case-specific items that are 10:08:11</p> <p>5 specifically in the Judkins report as 10:08:13</p> <p>6 well. Just so the record is clear on 10:08:16</p> <p>7 that. 10:08:18</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Okay. So when you were invoicing 10:08:19</p> <p>10 for review of the Carter Judkins case, the review 10:08:21</p> <p>11 of these materials and the writing of the case- 10:08:25</p> <p>12 specific report would be included in that 10:08:27</p> <p>13 invoice. Is that right? 10:08:29</p> <p>14 A. Up through any materials that were 10:08:33</p> <p>15 produced to me before the February 2022 date. 10:08:36</p> <p>16 Q. Understood. And I'm just speaking 10:08:45</p> <p>17 generally, not in regard to a specific invoice. 10:08:47</p> <p>18 I probably didn't make that clear. 10:08:50</p> <p>19 A. One other thing, Ms. Thompson, if I 10:08:52</p> <p>20 may, the -- the second -- I don't know if it's 10:08:56</p> <p>21 second. I don't know what number. But also the 10:09:00</p> <p>22 amended report of Dr. Wolf that was dated I 10:09:03</p> <p>23 believe May 28, 2024, is not on this list, but I 10:09:08</p> <p>24 did see that as well. 10:09:11</p>

Page 365	Page 367
<p>1 Q. Okay. And I think that was in the 10:09:13 2 record from yesterday -- 10:09:15 3 A. Okay, thank you. 10:09:17 4 Q. -- that that should be included as 10:09:19 5 well. 10:09:23 6 I have a few questions. I assume 10:09:30 7 you wanted to be thorough when you reviewed 10:09:32 8 Ms. Judkins' case, right? 10:09:36 9 A. Yes. 10:09:38 10 Q. I just have one question why you 10:09:42 11 included Saed's confidential documents on the 10:09:45 12 materials considered for the case-specific 10:09:53 13 evaluations. 10:09:57 14 A. I'm not sure. 10:10:12 15 Q. All right. That's a good answer. 10:10:17 16 And I'm going to assume there is no 10:10:22 17 literature on the materials relied upon in the 10:10:24 18 case-specific reports, but I'm going to assume 10:10:28 19 that all of the literature in your general report 10:10:32 20 would be part of your case specific. Correct? 10:10:35 21 A. I think that's fair. 10:10:38 22 Q. Okay. Do you have an estimate of 10:10:40 23 how much time -- I think we did this yesterday in 10:10:54 24 some regard that -- of how much time you spent 10:10:57</p>	<p>1 that you spent something like 65 hours since the 10:12:19 2 2022 invoice, am I remembering that correctly, on 10:12:29 3 the four plaintiffs? 10:12:32 4 MS. CURRY: Object to the form. 10:12:33 5 THE WITNESS: I think I said 10:12:34 6 somewhere between 50 to 60 hours on -- 10:12:36 7 BY MS. THOMPSON: 8 Q. And so -- 10:12:39 9 A. -- on everything -- 10:12:40 10 Q. Sorry. 10:12:41 11 A. -- since the February 2022 -- 10:12:42 12 Q. So that would include -- 10:12:44 13 MS. CURRY: Including MDL 10:12:46 14 generally. 10:12:48 15 THE WITNESS: Including general, 10:12:49 16 correct. 10:12:50 17 BY MS. THOMPSON: 18 Q. Okay. So that included both. I 10:12:51 19 just wanted to clarify on that. 10:12:52 20 A. Yes. Yes. 10:12:54 21 Q. So the 47 hours prior to '22 and 10:12:55 22 about four hours since would be approximately 50 10:12:58 23 hours on Ms. Judkins' case, correct? 10:13:01 24 A. I think that sounds accurate. 10:13:04</p>
Page 366	Page 368
<p>1 reviewing the materials on your case-specific 10:11:03 2 reliance list for Ms. Judkins and the writing of 10:11:09 3 her report. 10:11:12 4 A. Since 2022 or -- 10:11:13 5 Q. Total. 10:11:17 6 A. Okay. So can I see the invoice 10:11:18 7 from February of 2022? Because I don't remember 10:11:20 8 how many hours I spent before then. 10:11:23 9 MS. CURRY: I'm just going to 10:11:25 10 hand her what was previously marked as 10:11:26 11 Exhibit 5 yesterday, if that's okay. 10:11:28 12 MS. THOMPSON: Yeah, that would 10:11:31 13 be great. Thank you. 10:11:32 14 THE WITNESS: Okay. So through 10:11:42 15 February of 2022, I spent 47.75 hours on 10:11:44 16 Ms. Judkins' case specific, and then any 10:11:53 17 materials I received after that, I think 10:11:59 18 I probably spent another total of four 10:12:03 19 or five hours on Ms. Judkins. 10:12:07 20 BY MS. THOMPSON: 21 Q. And that would include preparation 10:12:12 22 for the deposition today? 10:12:13 23 A. Yes. 24 Q. And I think you testified yesterday 10:12:18</p>	<p>1 Q. Can you envision any case in this 10:13:07 2 litigation in which you would determine that a 10:13:10 3 woman's talcum powder use could possibly have 10:13:16 4 contributed to the development of her ovarian 10:13:20 5 cancer? 10:13:23 6 MS. CURRY: Objection. Asked 10:13:23 7 and answered yesterday. 10:13:25 8 BY MS. THOMPSON: 9 Q. It -- I think it's related to case 10:13:28 10 specific, so you can answer. 10:13:31 11 A. So based on the current state of 10:13:35 12 the science, I do not have the opinion that any 10:13:38 13 woman involved in this case applying talc to her 10:13:45 14 perineum increased her risk of developing ovarian 10:13:48 15 cancer by that action. 10:13:52 16 Q. So my question is, why did you go 10:13:56 17 to the time and effort of reviewing all of 10:14:02 18 Ms. Judkins' medical records, deposition 10:14:07 19 testimony, other expert reports, and everything 10:14:10 20 on your reliance list, if you knew that you would 10:14:13 21 not find talcum powder as a contributing cause 10:14:17 22 regardless of what was in those records? 10:14:22 23 A. I think it was important for me to 10:14:24 24 have a comprehensive view of the medical history, 10:14:28</p>

<p style="text-align: right;">Page 369</p> <p>1 medical care that Ms. Judkins received, and to 10:14:33</p> <p>2 understand her opinions and her other risk 10:14:37</p> <p>3 factors for the development of ovarian cancer. 10:14:42</p> <p>4 Q. But none of that impacted your 10:14:45</p> <p>5 opinion that Ms. Judkins' ovarian cancer is not 10:14:53</p> <p>6 at all related to her use of talc. 10:14:58</p> <p>7 And I'm reading that from the 10:15:01</p> <p>8 conclusion of your report if you want to make 10:15:03</p> <p>9 sure I read that properly. 10:15:05</p> <p>10 A. None of that impacted the 10:15:11</p> <p>11 conclusion that it was related to talc, but 10:15:12</p> <p>12 having a thorough understanding and comprehensive 10:15:14</p> <p>13 view of Ms. Judkins and her history of ovarian 10:15:19</p> <p>14 cancer was important for me to be able to give my 10:15:26</p> <p>15 opinions in this case. 10:15:29</p> <p>16 Q. And you do not identify any risk 10:15:33</p> <p>17 factors for Ms. Judkins, correct? 10:15:38</p> <p>18 MS. CURRY: Object to the form. 10:15:41</p> <p>19 THE WITNESS: I think that most 10:15:58</p> <p>20 likely Ms. Judkins' ovarian cancer was 10:16:00</p> <p>21 sporadic, and I don't think -- I mean, 10:16:02</p> <p>22 she had some factors which we typically 10:16:06</p> <p>23 or historically would label as reducing 10:16:10</p> <p>24 her risk, but again, having factors that 10:16:14</p>	<p style="text-align: right;">Page 371</p> <p>1 A. Correct. 10:17:34</p> <p>2 Q. And she had menarche at age 13 and 10:17:38</p> <p>3 menopause reported at age 50. Is that your 10:17:40</p> <p>4 understanding? 10:17:43</p> <p>5 A. I gathered from the medical records 10:17:44</p> <p>6 and the other documents I looked at that menarche 10:17:48</p> <p>7 was somewhere between 12 and 13, and menopause 10:17:53</p> <p>8 was somewhere between 48 and 50. 10:17:55</p> <p>9 Q. And that would be in the average 10:17:57</p> <p>10 range as well. Would you agree? 10:18:00</p> <p>11 A. I believe that's correct. 10:18:01</p> <p>12 Q. And so you did not consider her to 10:18:03</p> <p>13 have excessive lifetime ovulations, correct? 10:18:08</p> <p>14 A. That -- I think she had an average 10:18:13</p> <p>15 number of lifetime ovulatory years, yes. 10:18:15</p> <p>16 Q. And she had three pregnancies for 10:18:18</p> <p>17 which she breastfed, correct? 10:18:21</p> <p>18 A. That's correct. 10:18:23</p> <p>19 Q. So she would not have had incessant 10:18:26</p> <p>20 ovulation in your view. Correct? 10:18:31</p> <p>21 A. The breastfeeding and the 10:18:33</p> <p>22 pregnancies would have interrupted the ovulatory 10:18:35</p> <p>23 events. We don't know how long each episode of 10:18:39</p> <p>24 breastfeeding would have interrupted it for, but 10:18:43</p>
<p style="text-align: right;">Page 370</p> <p>1 reduce your risk doesn't necessarily 10:16:20</p> <p>2 prevent you from getting the disease. 10:16:21</p> <p>3 So I do think that Ms. Judkins' ovarian 10:16:23</p> <p>4 cancer most likely was sporadic. 10:16:26</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. And if we could look at Exhibit No. 10:16:30</p> <p>7 10 from yesterday. That is the ACOG list of risk 10:16:35</p> <p>8 factors for ovarian cancer. 10:16:42</p> <p>9 Let me know when you have that in 10:16:56</p> <p>10 front of you. 10:16:59</p> <p>11 A. Yes, I have it. 10:16:59</p> <p>12 Q. And the first is age older than 55, 10:17:01</p> <p>13 but I think you agreed that Ms. Judkins was 10:17:04</p> <p>14 actually a little younger than average at age 60, 10:17:09</p> <p>15 correct? 10:17:15</p> <p>16 MS. CURRY: Object to the form. 10:17:15</p> <p>17 THE WITNESS: Well, the mean age 10:17:16</p> <p>18 of ovarian cancer diagnosis is 63, but 10:17:18</p> <p>19 the majority of women that are actually 10:17:21</p> <p>20 diagnosed with the disease are between 10:17:24</p> <p>21 like 55 and 64. So I think she's right 10:17:26</p> <p>22 in that age range. 10:17:29</p> <p>23 BY MS. THOMPSON: 10:17:31</p> <p>24 Q. In the average age range? 10:17:32</p>	<p style="text-align: right;">Page 372</p> <p>1 that's correct, she would have had interruptions 10:18:46</p> <p>2 in her ovulatory cycles. 10:18:48</p> <p>3 Q. So those two have not been fully 10:18:50</p> <p>4 elucidated as to the effect that those factors 10:18:53</p> <p>5 would have had for Ms. Judkins' case in 10:18:58</p> <p>6 particular? 10:19:03</p> <p>7 MS. CURRY: Object to the form. 10:19:03</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. It was a bad question. Let me try 10:19:07</p> <p>10 that again. 10:19:09</p> <p>11 So with the two previous questions, 10:19:12</p> <p>12 Ms. Judkins did not have excessive lifetime 10:19:18</p> <p>13 ovulations or incessant ovulations, but we cannot 10:19:22</p> <p>14 attribute -- well, those would both be considered 10:19:30</p> <p>15 preventative, correct? 10:19:39</p> <p>16 MS. CURRY: Object to the form. 10:19:41</p> <p>17 THE WITNESS: So, as I've said 10:19:44</p> <p>18 before, I don't like to use the word 10:19:49</p> <p>19 "preventative" because women that have 10:19:50</p> <p>20 risk factors that should reduce your 10:19:53</p> <p>21 risk of ovarian cancer still get the 10:19:54</p> <p>22 disease. So preventative or protective 10:19:58</p> <p>23 just doesn't work because you can get 10:20:01</p> <p>24 the disease, and in Ms. Judkins' case, 10:20:05</p>

Page 373	Page 375
<p>1 she got the disease. 10:20:07</p> <p>2 So I don't think those lifetime 10:20:09</p> <p>3 occurrences, the things that decreased 10:20:14</p> <p>4 her ovulatory years, helped her one way 10:20:17</p> <p>5 or another. Right. Because if you got 10:20:21</p> <p>6 ovarian cancer, you're a hundred 10:20:23</p> <p>7 percent. If you don't have ovarian 10:20:25</p> <p>8 cancer, you're zero percent. And that's 10:20:27</p> <p>9 why trying to apply statistics to any 10:20:29</p> <p>10 one individual doesn't make sense 10:20:33</p> <p>11 because you're either in or you're out, 10:20:37</p> <p>12 and you've either got ovarian cancer or 10:20:39</p> <p>13 you don't. 10:20:41</p> <p>14 And so stats are impactful when 10:20:42</p> <p>15 we're studying hundreds or thousands of 10:20:46</p> <p>16 women and they give us a sense of 10:20:48</p> <p>17 directionality. But in that one 10:20:54</p> <p>18 individual patient, and in Ms. Judkins' 10:20:56</p> <p>19 case, she breastfed and she had three 10:20:58</p> <p>20 children, and yet she still got ovarian 10:21:01</p> <p>21 cancer.</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. And that would apply to even the 10:21:06</p> <p>24 strongest of risk factors, for example, BRCA1, as 10:21:09</p>	<p>1 hundred percent, I don't know what you 10:22:43</p> <p>2 mean. 10:22:44</p> <p>3 BY MS. THOMPSON: 10:22:45</p> <p>4 Q. Well, you've been talking today 10:22:45</p> <p>5 about -- as to women either get ovarian cancer or 10:22:48</p> <p>6 they don't, and that's why it's hard to attribute 10:22:51</p> <p>7 a causal relationship to any risk factor, 10:22:59</p> <p>8 regardless of how strong. 10:23:03</p> <p>9 That's stating your opinion 10:23:07</p> <p>10 correctly, right? 10:23:08</p> <p>11 A. No, it's not. 10:23:09</p> <p>12 Q. Okay. Let me make sure I said 10:23:15</p> <p>13 it -- a risk factor -- or there are no risk 10:23:17</p> <p>14 factors for ovarian cancer that you can say are 10:23:25</p> <p>15 causal. Is that correct? 10:23:32</p> <p>16 A. In any one individual woman, yes, 10:23:35</p> <p>17 that's -- 10:23:41</p> <p>18 Q. In an individual, yes. 10:23:41</p> <p>19 A. Yes, that's correct. 10:23:43</p> <p>20 Q. And I'll try to make that clearer 10:23:44</p> <p>21 in my questions today. But since we're talking 10:23:47</p> <p>22 about the individual cases in this particular 10:23:50</p> <p>23 line of questioning, Ms. Judkins, I think we'll 10:23:55</p> <p>24 assume that that's what I'm asking, if I ask a 10:24:00</p>
Page 374	Page 376
<p>1 well as what might be the strongest of risk 10:21:14</p> <p>2 lowering factors like long-term birth control 10:21:21</p> <p>3 use, would you agree? 10:21:26</p> <p>4 A. Yes. That's exactly what I'm 10:21:27</p> <p>5 saying, because we know that women with BRCA1 10:21:29</p> <p>6 mutations have -- depending on which mutation 10:21:33</p> <p>7 they have, they have somewhere between a 40 to 53 10:21:37</p> <p>8 percent chance of getting ovarian cancer in the 10:21:41</p> <p>9 course of their lifetime, but that means that 10:21:44</p> <p>10 they have a 40 to 60 percent chance of not 10:21:46</p> <p>11 getting it. 10:21:50</p> <p>12 So what does that mutation mean? I 10:21:51</p> <p>13 mean, it means that you're at risk, but it's not 10:21:57</p> <p>14 a hundred percent risk. 10:22:00</p> <p>15 Q. Understood. 10:22:05</p> <p>16 And I really am just trying to 10:22:05</p> <p>17 understand what your opinions are in the case. 10:22:11</p> <p>18 Can you point me to any literature 10:22:16</p> <p>19 that talks -- addresses that zero percent or 10:22:19</p> <p>20 hundred percent concept of why risk factors are 10:22:25</p> <p>21 not causal? 10:22:31</p> <p>22 MS. CURRY: Object to the form. 10:22:33</p> <p>23 THE WITNESS: I don't -- I don't 10:22:39</p> <p>24 know what you mean. Zero percent or a 10:22:40</p>	<p>1 question that could be either applied to the 10:24:04</p> <p>2 population or to the plaintiff that we're 10:24:06</p> <p>3 discussing. Fair? 10:24:09</p> <p>4 A. Let's take them one at a time. 10:24:10</p> <p>5 Q. All right. We can do that too. 10:24:14</p> <p>6 And we're going back to the risk 10:24:22</p> <p>7 factors on ACOG, and ACOG simply says: "Family 10:24:25</p> <p>8 history of breast cancer, ovarian cancer, colon 10:24:31</p> <p>9 cancer or endometrial cancer," parenthesis, 10:24:34</p> <p>10 "cancer lining of the uterus." 10:24:42</p> <p>11 Do you agree with that risk factor 10:24:45</p> <p>12 listed by ACOG? Or how would you modify it if 10:24:46</p> <p>13 you were writing this list? 10:24:52</p> <p>14 A. As applies to Ms. Judkins? 10:24:53</p> <p>15 Q. As it applies to a plaintiff like 10:24:56</p> <p>16 Ms. Judkins. We're trying to determine whether 10:24:59</p> <p>17 she has any of the risk factors on this list. 10:25:01</p> <p>18 MS. CURRY: Object to the form. 10:25:04</p> <p>19 THE WITNESS: So I think we 10:25:05</p> <p>20 already discussed that Ms. Judkins does 10:25:06</p> <p>21 have some family history that's listed 10:25:13</p> <p>22 here but not in first-degree relatives, 10:25:15</p> <p>23 so I don't think that she has a family 10:25:19</p> <p>24 history that contributes. 10:25:25</p>

Page 377	Page 379
<p>1 If we're looking at the ACOG 10:25:30</p> <p>2 list, I think her age contributes. 10:25:33</p> <p>3 That's certainly a risk factor that she 10:25:35</p> <p>4 has and that is on the ACOG list, 10:25:37</p> <p>5 because she was I believe 60 when she 10:25:40</p> <p>6 was diagnosed, and ACOG lists age older 10:25:44</p> <p>7 than 55. 10:25:50</p> <p>8 BY MS. THOMPSON: 10:25:51</p> <p>9 Q. Right. She does not have a 10:25:51</p> <p>10 personal history of breast cancer, correct? 10:25:54</p> <p>11 A. No, she does not. 10:25:56</p> <p>12 Q. She does not have mutations in 10:25:58</p> <p>13 BRCA1 and BRCA2 genes, correct? 10:26:00</p> <p>14 A. That's correct. 10:26:04</p> <p>15 Q. And I can't avoid this, she has not 10:26:09</p> <p>16 never having had children, correct? She does 10:26:13</p> <p>17 have children, correct? 10:26:15</p> <p>18 A. Ms. Judkins is parous. 10:26:17</p> <p>19 Q. And there's no evidence of 10:26:19</p> <p>20 infertility, correct? 10:26:22</p> <p>21 A. You know, I don't know if she had 10:26:25</p> <p>22 trouble -- in fairness, I don't know if she had 10:26:28</p> <p>23 trouble conceiving before she conceived at 33. 10:26:31</p> <p>24 33 is a little bit later, but I have no data 10:26:34</p>	<p>1 A. Yes, they do. 10:28:14</p> <p>2 Q. Was Ms. Judkins obese? 10:28:16</p> <p>3 A. I don't believe so. 10:28:18</p> <p>4 Q. So help me understand, SGO includes 10:28:25</p> <p>5 obesity. ACOG does not -- the ACOG list does not 10:28:28</p> <p>6 include obesity. 10:28:34</p> <p>7 Is it your opinion that ACOG 10:28:35</p> <p>8 believes that obesity is not a risk factor? 10:28:37</p> <p>9 MS. CURRY: Objection. You're 10:28:40</p> <p>10 treading into general opinion. 10:28:41</p> <p>11 THE WITNESS: I don't know what 10:28:48</p> <p>12 ACOG believes. I've never asked them. 10:28:49</p> <p>13 BY MS. THOMPSON:</p> <p>14 Q. But it's your belief that ACOG does 10:28:53</p> <p>15 not have the opinion that talc is a risk factor, 10:28:56</p> <p>16 correct? 10:28:58</p> <p>17 A. ACOG does not list talc on its 10:29:03</p> <p>18 website, and ACOG has made several other 10:29:05</p> <p>19 statements stating that they do not consider talc 10:29:08</p> <p>20 to be a risk factor, or stating -- I'm not going 10:29:11</p> <p>21 to quote them because I don't have anything in 10:29:13</p> <p>22 front of me, but basically putting forth that the 10:29:15</p> <p>23 literature on talc as a risk factor for 10:29:19</p> <p>24 developing ovarian cancer is heterogeneous and 10:29:22</p>
Page 378	Page 380
<p>1 supporting that one way or another. So I would 10:26:37</p> <p>2 rather not comment on that only because I don't 10:26:40</p> <p>3 know, but... 10:26:44</p> <p>4 Q. But you didn't see anything in the 10:26:44</p> <p>5 medical records to suggest it. 10:26:47</p> <p>6 A. That's correct. 10:26:48</p> <p>7 Q. And she has not had Lynch syndrome, 10:26:50</p> <p>8 correct? 10:26:56</p> <p>9 A. I believe that her genetic testing 10:26:56</p> <p>10 with respect to the MMR genes was negative. 10:26:59</p> <p>11 Q. And then let's go to the SGO risk 10:27:01</p> <p>12 factor list. 10:27:19</p> <p>13 MS. THOMPSON: That's Exhibit 11 10:27:19</p> <p>14 from yesterday, Leslie. 10:27:20</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. Ready?</p> <p>17 A. Oh, yes. Yes, ma'am. 10:27:52</p> <p>18 Q. I can't tell from -- 10:27:53</p> <p>19 A. I'm so sorry. 10:27:54</p> <p>20 Q. -- when I'm doing this Zoom. So, 10:27:57</p> <p>21 no, no problem. 10:27:57</p> <p>22 So looking at the SGO list, SGO 10:27:59</p> <p>23 includes obesity, especially those who have a BMI 10:28:08</p> <p>24 of 30 or greater, correct? 10:28:12</p>	<p>1 inclusive. I have not seen anything to that 10:29:26</p> <p>2 effect with respect to obesity from ACOG. 10:29:29</p> <p>3 Q. Well, we're not going to go back to 10:29:32</p> <p>4 Burke, you'll be happy to know, since it was 10:29:38</p> <p>5 covered yesterday. 10:29:41</p> <p>6 But so ACOG does not list talc on 10:29:42</p> <p>7 its list of risk factors, and that's significant 10:29:51</p> <p>8 for you, correct? 10:29:54</p> <p>9 MS. CURRY: Object to the form, 10:29:57</p> <p>10 and also -- 10:29:57</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. We're looking at individual 10:30:00</p> <p>13 patients like Ms. Judkins. 10:30:03</p> <p>14 A. So the list of risk factors for 10:30:05</p> <p>15 ACOG is not the only published documents from 10:30:08</p> <p>16 ACOG that is important to me for my opinions as 10:30:14</p> <p>17 to why ACOG does not consider talc a risk factor 10:30:21</p> <p>18 for developing ovarian cancer. 10:30:24</p> <p>19 Q. Does ACOG ever anywhere make a 10:30:30</p> <p>20 statement that talc is safe to use in women like 10:30:32</p> <p>21 Ms. Judkins? 10:30:39</p> <p>22 MS. CURRY: Object to the form. 10:30:40</p> <p>23 And it really is still general cause 10:30:41</p> <p>24 opinions, even though you're adding in 10:30:44</p>

Page 381	Page 383
<p>1 the phrase at the end "women like 10:30:47</p> <p>2 Ms. Judkins." 10:30:50</p> <p>3 MS. THOMPSON: Well, she 10:30:50</p> <p>4 mentioned prominently in Ms. Judkins' 10:30:51</p> <p>5 report -- let me get to it -- that her 10:30:55</p> <p>6 case-specific opinions are supported by 10:30:58</p> <p>7 ACOG and SGO. So I think that question 10:31:06</p> <p>8 is totally appropriate, but let's read 10:31:08</p> <p>9 exactly what she says. 10:31:11</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. What you say, Dr. Saenz -- I don't 10:31:14</p> <p>12 mean to be talking to your lawyer -- not your 10:31:18</p> <p>13 lawyer, but the attorney sitting next to you. 10:31:22</p> <p>14 In your report, you state: "It is 10:31:30</p> <p>15 my opinion" -- it's in the Conclusion, if you 10:31:51</p> <p>16 want to refer to it -- "It is my opinion that 10:31:52</p> <p>17 Ms. Judkins' ovarian cancer is not at all related 10:31:55</p> <p>18 to her use of talc. The peer-reviewed scientific 10:31:59</p> <p>19 literature nationally recognized and respected 10:32:04</p> <p>20 healthcare organizations," paren, "NCI, CDC, ASC, 10:32:07</p> <p>21 FDA, and the professional societies SGO, ACOG, to 10:32:14</p> <p>22 which I belong, all maintain the same position." 10:32:17</p> <p>23 And my question is, is there 10:32:24</p> <p>24 anywhere on the ACOG website that there is no 10:32:26</p>	<p>1 And I am just asking you where -- 10:33:25</p> <p>2 where does ACOG make a statement that maintains 10:33:31</p> <p>3 that position? 10:33:40</p> <p>4 MS. CURRY: And I'm just going 10:33:42</p> <p>5 to state my objection for the record. 10:33:44</p> <p>6 That is clearly a general causation 10:33:45</p> <p>7 opinion that there's no credible 10:33:49</p> <p>8 scientific data that talc increases a 10:33:51</p> <p>9 woman's risk of ovarian cancer, and that 10:33:54</p> <p>10 those organizations maintain the same 10:33:56</p> <p>11 position. And that this was covered 10:33:58</p> <p>12 extensively in the general portion of 10:34:00</p> <p>13 the deposition yesterday, for which the 10:34:05</p> <p>14 time has run out. 10:34:07</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. And in the same paragraph, the 10:34:10</p> <p>17 Conclusion to Ms. Judkins' case-specific expert 10:34:12</p> <p>18 report: It is my opinion that Ms. Judkins' 10:34:15</p> <p>19 ovarian cancer is not at all related to her use 10:34:19</p> <p>20 of talc, and ACOG, among others, all maintain the 10:34:21</p> <p>21 same position. 10:34:26</p> <p>22 I'm asking you, what are you 10:34:28</p> <p>23 relying on for the statement that ACOG maintains 10:34:34</p> <p>24 that same position? 10:34:39</p>
Page 382	Page 384
<p>1 credible scientific data that talc increases a 10:32:29</p> <p>2 woman's risk of developing ovarian cancer? 10:32:33</p> <p>3 A. Is there anywhere on the ACOG 10:32:36</p> <p>4 website? 10:32:40</p> <p>5 Q. Or ACOG publication or any 10:32:41</p> <p>6 statement by ACOG. 10:32:43</p> <p>7 MS. CURRY: Object to the form. 10:32:44</p> <p>8 THE WITNESS: That talc -- 10:32:46</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. You said it maintains the same 10:32:50</p> <p>11 position. Your exact words -- let me finish the 10:32:53</p> <p>12 question. 10:32:56</p> <p>13 A. But -- 10:32:56</p> <p>14 Q. Unless you're still answering the 10:32:58</p> <p>15 last one. 10:33:00</p> <p>16 A. You've asked me two questions now 10:33:01</p> <p>17 that are different questions, so you pick which 10:33:02</p> <p>18 one you want me to answer first. 10:33:05</p> <p>19 Q. Let's take them one at a time. 10:33:06</p> <p>20 I'm reading this sentence that you 10:33:09</p> <p>21 say "all maintain the same position." And "the 10:33:10</p> <p>22 same position," I believe, refers to there is no 10:33:14</p> <p>23 credible scientific data that talc increases a 10:33:19</p> <p>24 woman's risk of developing ovarian cancer. 10:33:23</p>	<p>1 MS. CURRY: Object to the form. 10:34:41</p> <p>2 THE WITNESS: So as we discussed 10:34:42</p> <p>3 yesterday, ACOG has actually put forth a 10:34:43</p> <p>4 letter back in 2017 -- actually, we 10:34:48</p> <p>5 didn't discuss this yesterday, but it's 10:34:53</p> <p>6 in my general report that ACOG put out a 10:34:55</p> <p>7 letter saying that the literature was 10:34:59</p> <p>8 inconclusive and heterogeneous, and that 10:35:00</p> <p>9 was back, I believe, in 2017. 10:35:04</p> <p>10 There is also the Burke article, 10:35:05</p> <p>11 which is supported by ACOG, in which 10:35:07</p> <p>12 they detailed that the literature was 10:35:09</p> <p>13 heterogeneous. 10:35:11</p> <p>14 You also earlier asked me does 10:35:12</p> <p>15 ACOG say talc is safe, and although 10:35:15</p> <p>16 we're supposed to be discussing 10:35:18</p> <p>17 Ms. Judkins, and admittedly Ms. Judkins 10:35:20</p> <p>18 is not obese, ACOG actually recommends 10:35:22</p> <p>19 putting talc into the incisions of obese 10:35:27</p> <p>20 patients in order to set up an adhesive 10:35:32</p> <p>21 process and decrease the chances of 10:35:35</p> <p>22 wound breakdown. I firmly believe that 10:35:38</p> <p>23 if ACOG thought that talc was 10:35:41</p> <p>24 potentially leading to the development 10:35:44</p>

Page 385	Page 387
<p>1 of ovarian cancer, they would not 10:35:46</p> <p>2 recommend putting talc into the 10:35:49</p> <p>3 incisions of patients. 10:35:52</p> <p>4 BY MS. THOMPSON: 10:35:55</p> <p>5 Q. And I didn't ask anything about the 10:35:55</p> <p>6 use for short term after a surgical procedure on 10:35:57</p> <p>7 the abdomen -- 10:36:01</p> <p>8 A. You asked me about safety, and I'm 10:36:02</p> <p>9 answering about safety. 10:36:05</p> <p>10 Q. So that statement in ACOG is -- to 10:36:08</p> <p>11 you represents a statement by ACOG that the 10:36:14</p> <p>12 perineal use of talc is safe? 10:36:16</p> <p>13 MS. CURRY: Object to the form. 10:36:18</p> <p>14 THE WITNESS: It's a statement 10:36:19</p> <p>15 by ACOG that talc is safe. 10:36:21</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. We're talking about the perineal 10:36:27</p> <p>18 use of talc today in Ms. Judkins. 10:36:29</p> <p>19 Do you believe that that statement 10:36:31</p> <p>20 in ACOG is an affirmative statement that it is 10:36:33</p> <p>21 safe for women to use perineal talc, like 10:36:37</p> <p>22 Ms. Judkins did for decades daily? 10:36:43</p> <p>23 MS. CURRY: Object to the form. 10:36:45</p> <p>24 THE WITNESS: So if we're going 10:36:46</p>	<p>1 replacement therapy. 10:38:08</p> <p>2 Q. And you are aware that Ms. Judkins 10:38:14</p> <p>3 was physically fit and had a very active 10:38:17</p> <p>4 lifestyle? 10:38:21</p> <p>5 A. I gleaned that from her deposition. 10:38:22</p> <p>6 Q. She was a hiker and a skier, 10:38:30</p> <p>7 correct? 10:38:32</p> <p>8 A. I don't remember exactly what 10:38:32</p> <p>9 activities she did. 10:38:34</p> <p>10 Q. And so you would agree that any 10:38:35</p> <p>11 literature that suggests a sedentary lifestyle 10:38:36</p> <p>12 may increase the risk of ovarian cancer would 10:38:41</p> <p>13 also not apply to Ms. Judkins, correct? 10:38:43</p> <p>14 A. I don't know what literature you're 10:38:49</p> <p>15 referring to right now, ma'am. 10:38:50</p> <p>16 Q. Oh, you're not aware of any 10:38:52</p> <p>17 literature that an inactive lifestyle may 10:38:54</p> <p>18 contribute to ovarian cancer risk? 10:39:01</p> <p>19 MS. CURRY: Object to the form. 10:39:02</p> <p>20 THE WITNESS: There are studies 10:39:05</p> <p>21 that show that patients with sedentary 10:39:06</p> <p>22 lifestyles may have an increased risk of 10:39:09</p> <p>23 developing ovarian cancer? 10:39:12</p> <p>24 BY MS. THOMPSON:</p>
Page 386	Page 388
<p>1 to talk about Ms. Judkins, then 10:36:47</p> <p>2 Ms. Judkins was not obese and she did 10:36:50</p> <p>3 not have an abdominal incision. 10:36:53</p> <p>4 But that isn't what you asked me 10:36:56</p> <p>5 before. You asked me before -- 10:36:58</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. That was not my question just now. 10:37:01</p> <p>8 Let's move on to the SGO risk 10:37:03</p> <p>9 factor list, which was where we started here. 10:37:11</p> <p>10 And did Ms. Judkins use hormone 10:37:28</p> <p>11 replacement therapy? 10:37:31</p> <p>12 A. No, she did not. 10:37:32</p> <p>13 Q. But you do agree that SGO includes 10:37:37</p> <p>14 estrogen replacement therapy without progesterone 10:37:45</p> <p>15 for more than five years as a risk factor, 10:37:48</p> <p>16 correct? 10:37:50</p> <p>17 MS. CURRY: Object to the form, 10:37:50</p> <p>18 general causation -- 10:37:52</p> <p>19 THE WITNESS: It doesn't apply 10:37:53</p> <p>20 to Ms. Judkins. 10:37:55</p> <p>21 BY MS. THOMPSON: 10:37:56</p> <p>22 Q. So that would not be a risk factor 10:37:57</p> <p>23 by SGO that Ms. Judkins had. 10:38:00</p> <p>24 A. Ms. Judkins did not use hormone 10:38:06</p>	<p>1 Q. Yeah, that's what I was asking. 10:39:15</p> <p>2 Those would not apply to Ms. Judkins from what 10:39:16</p> <p>3 you know, correct? 10:39:19</p> <p>4 MS. CURRY: Object to the form. 10:39:20</p> <p>5 THE WITNESS: Again, I'm not 10:39:20</p> <p>6 going to make a comment on a general 10:39:21</p> <p>7 body of literature without seeing some 10:39:24</p> <p>8 article of some sort. 10:39:28</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. All right. Fair enough. I thought 10:39:30</p> <p>11 you testified to that yesterday that there was 10:39:36</p> <p>12 literature suggesting that a sedentary lifestyle 10:39:38</p> <p>13 could increase the risk. 10:39:44</p> <p>14 All right. Do you have an opinion 10:39:54</p> <p>15 as to whether the PTEN VUS that was found on 10:39:54</p> <p>16 Ms. Judkins' genetic testing contributed in any 10:40:01</p> <p>17 way to her ovarian cancer? 10:40:05</p> <p>18 A. I don't believe that we have any 10:40:06</p> <p>19 data on that right now. And I think that the 10:40:11</p> <p>20 genetic counselors that saw her also counseled 10:40:19</p> <p>21 her that most likely this was not associated with 10:40:24</p> <p>22 her cancer. 10:40:29</p> <p>23 Q. And Ms. Judkins did have the full 10:40:35</p> <p>24 genetic testing panel, correct, the 25-gene 10:40:37</p>

Page 389	Page 391
<p>1 panel? 10:40:40</p> <p>2 MS. CURRY: Object to the form. 10:40:40</p> <p>3 THE WITNESS: There are many 10:40:40</p> <p>4 different panels, but you are correct 10:40:41</p> <p>5 that she had 25 genes tested. 10:40:43</p> <p>6 BY MS. THOMPSON: 10:40:47</p> <p>7 Q. And is it your opinion that the -- 10:40:48</p> <p>8 there's no evidence or that -- with the PTEN VUS, 10:40:51</p> <p>9 or is there no increased risk of ovarian cancer? 10:40:58</p> <p>10 Do you understand the difference? 10:41:03</p> <p>11 MS. CURRY: Object to the form. 10:41:04</p> <p>12 THE WITNESS: Do you want to 10:41:10</p> <p>13 explain what you're getting at for me 10:41:11</p> <p>14 more specifically or -- 10:41:13</p> <p>15 BY MS. THOMPSON: 10:41:19</p> <p>16 Q. I'm asking, do we just not know 10:41:19</p> <p>17 whether the PTEN VUS has any relationship to 10:41:22</p> <p>18 ovarian cancer, or is there no increased risk? 10:41:25</p> <p>19 A. Oh, it's a VUS, so we don't know. 10:41:28</p> <p>20 Q. If we could turn to Exhibit No. 7 10:41:33</p> <p>21 from yesterday, the joint SGO and ACOG practice 10:41:40</p> <p>22 bulletin article on "Hereditary Breast and 10:41:50</p> <p>23 Ovarian Cancer Syndrome." 10:41:56</p> <p>24 A. I have it. 10:41:56</p>	<p>1 document is the NCCN, correct? 10:43:09</p> <p>2 A. Yep, that's the citation, but 10:43:13</p> <p>3 that's -- it's out of date because this is the -- 10:43:17</p> <p>4 Q. But the -- 10:43:20</p> <p>5 A. Ms. Thompson. Thank you. 10:43:22</p> <p>6 This is the 2017 table, and as I 10:43:23</p> <p>7 discussed yesterday, this table has been updated 10:43:25</p> <p>8 as recently as 2024. 10:43:28</p> <p>9 Q. And you do know that this document 10:43:31</p> <p>10 was reaffirmed in 2021, correct? 10:43:33</p> <p>11 A. Irrelevant. The most recent -- 10:43:35</p> <p>12 Q. Well, if there -- 10:43:39</p> <p>13 A. The most recent update is from 10:43:41</p> <p>14 2024. 10:43:43</p> <p>15 Q. Was there any change in the PTEN 10:43:43</p> <p>16 listing between '21 and '24? 10:43:50</p> <p>17 A. No, there was not. 10:43:52</p> <p>18 Q. Thank you. 10:43:54</p> <p>19 And if you look in this chart for a 10:43:59</p> <p>20 PTEN mutation, you will see that there is no 10:44:01</p> <p>21 increased risk for ovarian cancer. Correct? 10:44:05</p> <p>22 I'm just asking what the document 10:44:10</p> <p>23 states. 10:44:12</p> <p>24 A. For the general population in 2017, 10:44:13</p>
Page 390	Page 392
<p>1 Q. And the chart on page 3 -- no, 10:41:57</p> <p>2 page 2 lists the genetic mutations that are 10:42:00</p> <p>3 associated with hereditary breast and ovarian 10:42:06</p> <p>4 cancer syndrome, and you will agree this was a 10:42:12</p> <p>5 comprehensive review made jointly by ACOG and 10:42:14</p> <p>6 SGO, correct? 10:42:19</p> <p>7 MS. CURRY: Object to the form 10:42:19</p> <p>8 on multiple reasons, but also that it 10:42:24</p> <p>9 was covered in the general opinions 10:42:26</p> <p>10 yesterday extensively, including this 10:42:29</p> <p>11 exact Table 1. Also -- 10:42:32</p> <p>12 MS. THOMPSON: Was the PTEN VUS 10:42:36</p> <p>13 that Ms. Judkins had covered yesterday? 10:42:39</p> <p>14 MS. CURRY: The entirety of the 10:42:41</p> <p>15 table on whether or not this is 10:42:43</p> <p>16 comprehensive was certainly covered 10:42:44</p> <p>17 yesterday, and -- 10:42:46</p> <p>18 MS. THOMPSON: Okay. Well, I 10:42:48</p> <p>19 don't have to give any background, but 10:42:49</p> <p>20 it is helpful for the record what I'm 10:42:52</p> <p>21 referring to. 10:42:54</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. And you will agree that the 10:42:58</p> <p>24 citation for this chart on -- in the HBOC 10:43:00</p>	<p>1 correct. 10:44:16</p> <p>2 MS. THOMPSON: Do you need a 10:44:31</p> <p>3 break or do you want to try to finish 10:44:33</p> <p>4 Ms. Judkins? 10:44:34</p> <p>5 THE WITNESS: Let's finish 10:44:34</p> <p>6 Ms. Judkins. 10:44:36</p> <p>7 Leslie, are you okay for -- that</p> <p>8 was rude. I'm sorry.</p> <p>9 How much more do you have? 10:44:47</p> <p>10 MS. THOMPSON: Well, it depends. 10:44:47</p> <p>11 It shouldn't take too long, but -- 10:44:48</p> <p>12 THE WITNESS: I just want to be</p> <p>13 courteous to Leslie, so that's why I'm</p> <p>14 asking for a time estimate.</p> <p>15 THE REPORTER: If we could take</p> <p>16 five minutes right now, if that's okay.</p> <p>17 MS. THOMPSON: Sure, that's</p> <p>18 fine.</p> <p>19 Let's go off the record. 10:45:07</p> <p>20 (Recess.) 10:45:07</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Going to your report, the second 10:51:38</p> <p>23 page under the summary of Ms. Judkins' medical 10:51:40</p> <p>24 history or her -- 10:51:44</p>

<p style="text-align: right;">Page 393</p> <p>1 A. Diagnosis and treatment? I'm 10:51:48</p> <p>2 sorry. 10:51:50</p> <p>3 Q. -- diagnosis, yeah, as far as your 10:51:51</p> <p>4 opinions regarding her diagnosis. 10:51:54</p> <p>5 A. Yes.</p> <p>6 Q. You state at the very bottom of 10:51:56</p> <p>7 that page: "Ms. Judkins may carry a germline 10:51:58</p> <p>8 mutation that we have yet to" -- let me see -- 10:52:03</p> <p>9 "identify that contributed to her development of 10:52:09</p> <p>10 ovarian cancer." 10:52:12</p> <p>11 Have you ever seen on any risk 10:52:19</p> <p>12 factor list a germline mutation that we have yet 10:52:21</p> <p>13 to identify? 10:52:24</p> <p>14 MS. CURRY: Object to the form. 10:52:30</p> <p>15 THE WITNESS: I don't know that 10:52:31</p> <p>16 I can see something that doesn't -- 10:52:31</p> <p>17 hasn't yet been established. 10:52:34</p> <p>18 BY MS. THOMPSON: 10:52:35</p> <p>19 Q. So it's not your -- is it your 10:52:36</p> <p>20 opinion that more likely than not she has a 10:52:38</p> <p>21 germline mutation that has not been identified? 10:52:43</p> <p>22 A. No. My opinion is that I think 10:52:45</p> <p>23 most likely her cancer is sporadic, but I'm not 10:52:47</p> <p>24 going to rule out that possibility. 10:52:50</p>	<p style="text-align: right;">Page 395</p> <p>1 deposition, she used one year of Shower to 10:54:08</p> <p>2 Shower, correct? 10:54:14</p> <p>3 A. I don't recall that detail, but I 10:54:15</p> <p>4 will take you at face value for that. 10:54:16</p> <p>5 Q. And what is your -- what is the 10:54:19</p> <p>6 Shower to Shower product, do you know? 10:54:22</p> <p>7 A. I believe it's another talcum 10:54:24</p> <p>8 powder with different fragrances. 10:54:26</p> <p>9 Q. And if we multiply 46 years by 365 10:54:34</p> <p>10 days a year, that would get us to 16,790 10:54:46</p> <p>11 applications. Do you trust my math? 10:54:55</p> <p>12 A. I will take you at face value. 10:54:56</p> <p>13 Q. That could be a big mistake if it 10:54:58</p> <p>14 has to do with math. 10:55:01</p> <p>15 A. Right. 10:55:02</p> <p>16 Q. I did use a calculator. 10:55:03</p> <p>17 So if you put Ms. Judkins in a 10:55:06</p> <p>18 cohort study, an ever-use categorization would 10:55:09</p> <p>19 certainly not apply to Ms. Judkins as far as 10:55:18</p> <p>20 risk, would it? 10:55:21</p> <p>21 MS. CURRY: Object to the form. 10:55:22</p> <p>22 THE WITNESS: I don't agree with 10:55:23</p> <p>23 that. 10:55:24</p> <p>24 BY MS. THOMPSON:</p>
<p style="text-align: right;">Page 394</p> <p>1 Q. Understood. 10:52:52</p> <p>2 And speaking of ruling in and 10:53:01</p> <p>3 ruling out, did you rule in any risk factors that 10:53:02</p> <p>4 could have contributed to Ms. Judkins' ovarian 10:53:07</p> <p>5 cancer? 10:53:11</p> <p>6 MS. CURRY: Object to the form. 10:53:11</p> <p>7 THE WITNESS: I think we 10:53:14</p> <p>8 discussed earlier that I think her age 10:53:15</p> <p>9 put her at an increased risk of 10:53:17</p> <p>10 developing ovarian cancer. 10:53:20</p> <p>11 BY MS. THOMPSON: 10:53:20</p> <p>12 Q. Anything else? 10:53:20</p> <p>13 A. I -- I don't think she has any 10:53:27</p> <p>14 other particular risk factors, no. 10:53:29</p> <p>15 Q. And you did rule out talc as a 10:53:31</p> <p>16 potential contributing cause, correct? 10:53:37</p> <p>17 A. I do not believe that talc was 10:53:41</p> <p>18 involved in Ms. Judkins' development of ovarian 10:53:43</p> <p>19 cancer. 10:53:45</p> <p>20 Q. Okay. And is it your understanding 10:53:45</p> <p>21 that Ms. Judkins applied Johnson's baby powder 10:53:50</p> <p>22 once a day in her genital area for 46 years? 10:53:56</p> <p>23 A. That's my understanding. 10:54:01</p> <p>24 Q. And at least according to her 10:54:04</p>	<p style="text-align: right;">Page 396</p> <p>1 Q. So, because you don't believe 10:55:28</p> <p>2 there's any risk for any talc use. Is that why? 10:55:30</p> <p>3 A. Well, no. I mean, you said ever 10:55:33</p> <p>4 use doesn't apply. I mean it does apply. She 10:55:36</p> <p>5 used. 10:55:39</p> <p>6 Q. Well, I'm saying is would you -- if 10:55:42</p> <p>7 you were doing a cohort study and you ask an 10:55:43</p> <p>8 ever-use question, would Ms. Judkins be 10:55:47</p> <p>9 equivalent to a woman who answered yes to that 10:55:52</p> <p>10 question because she used it once at the beach? 10:55:56</p> <p>11 MS. CURRY: Object to the form. 10:56:01</p> <p>12 THE WITNESS: So unless you have 10:56:02</p> <p>13 other exclusions in the study or 10:56:05</p> <p>14 parameters by which you are 10:56:08</p> <p>15 characterizing the definition of "ever 10:56:10</p> <p>16 use," then technically speaking, she 10:56:12</p> <p>17 would fall into the same category. 10:56:16</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Do you think Ms. Judkins, if she 10:56:21</p> <p>20 were entering a cohort study, would be subject to 10:56:24</p> <p>21 recall bias with her usage history? 10:56:29</p> <p>22 MS. CURRY: Object to the form. 10:56:32</p> <p>23 THE WITNESS: I have no idea. I 10:56:34</p> <p>24 do not know Ms. Judkins personally. 10:56:35</p>

<p style="text-align: right;">Page 397</p> <p>1 BY MS. THOMPSON: 10:56:38</p> <p>2 Q. Do you think having used it every 10:56:39</p> <p>3 day since she was, I believe, 14 years old, that 10:56:43</p> <p>4 she might be subject to recall bias? 10:56:48</p> <p>5 MS. CURRY: Object to the form. 10:56:52</p> <p>6 THE WITNESS: I have no idea. I 10:56:52</p> <p>7 do not know Ms. Judkins personally. 10:56:54</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. So do you think she would be not 10:56:57</p> <p>10 telling the truth about that in her deposition? 10:57:01</p> <p>11 A. I'm not qualifying Ms. Judkins -- I 10:57:05</p> <p>12 don't know her personally. I've never met her. 10:57:09</p> <p>13 I have no idea. 10:57:12</p> <p>14 Q. Okay. You do agree that she was a 10:57:16</p> <p>15 frequent user, based on her testimony? 10:57:20</p> <p>16 A. I agree that she documented in her 10:57:22</p> <p>17 deposition that she used for -- what did we say 10:57:25</p> <p>18 it was? -- about 46 years. 10:57:30</p> <p>19 Q. Forty-six years -- 10:57:33</p> <p>20 A. Yeah.</p> <p>21 Q. -- once a day at least. 10:57:34</p> <p>22 And do you agree that this is a 10:57:35</p> <p>23 long duration, an extended period of time that 10:57:39</p> <p>24 she used talcum powder? 10:57:41</p>	<p style="text-align: right;">Page 399</p> <p>1 A. She would be higher than 3,600 or 10:58:41</p> <p>2 5,600, that is correct. 10:58:43</p> <p>3 Q. And do you agree also that 10:58:45</p> <p>4 Ms. Judkins' use of talcum powder in her 20s and 10:58:47</p> <p>5 30s would be during the time that O'Brien and 10:58:55</p> <p>6 colleagues stated was a critical time for effect? 10:59:01</p> <p>7 MS. CURRY: Object to the form. 10:59:05</p> <p>8 THE WITNESS: So she would fall 10:59:06</p> <p>9 into the category that they identified 10:59:08</p> <p>10 as patients -- I'm sorry, subjects 10:59:10</p> <p>11 starting to use talcum powder in their 10:59:12</p> <p>12 20s and 30s. That's also corroborated 10:59:15</p> <p>13 by other literature that shows that most 10:59:17</p> <p>14 patients start -- ugh, I keep saying 10:59:20</p> <p>15 patients -- subjects start using in 10:59:22</p> <p>16 their teens or 20s. 10:59:26</p> <p>17 MS. THOMPSON: Leslie, if we 10:59:39</p> <p>18 could go to Ms. Judkins' file of key 10:59:40</p> <p>19 medical records. And there are two that 10:59:44</p> <p>20 I would like you to pull out. I don't 10:59:52</p> <p>21 know the best way to identify them. But</p> <p>22 one is Bates number is MDR --</p> <p>23 THE WITNESS: Sorry, give us one</p> <p>24 second. We had a little bit of an issue</p>
<p style="text-align: right;">Page 398</p> <p>1 A. It was 46 years. 10:57:42</p> <p>2 Q. And do you agree that in any study 10:57:48</p> <p>3 that looked at lifetime applications, that 16,790 10:57:50</p> <p>4 would fall in the highest category of use? 10:57:59</p> <p>5 MS. CURRY: Object to the form. 10:58:02</p> <p>6 THE WITNESS: It depends on 10:58:03</p> <p>7 whose study. I don't know -- I may be 10:58:06</p> <p>8 remembering incorrectly. I'm not sure 10:58:08</p> <p>9 if Cramer actually had a category that 10:58:10</p> <p>10 was even higher than that number of 10:58:15</p> <p>11 applications. So I think it really 10:58:16</p> <p>12 depends on which study you're talking 10:58:19</p> <p>13 about. 10:58:21</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. And Penninkilampi I believe used 10:58:25</p> <p>16 5,600 applications. It certainly would be higher 10:58:27</p> <p>17 than that, correct? 10:58:31</p> <p>18 MS. CURRY: Object to the form. 10:58:32</p> <p>19 THE WITNESS: I think that is 10:58:33</p> <p>20 incorrect. I think Penninkilampi used 10:58:34</p> <p>21 3,600 applications. 10:58:36</p> <p>22 BY MS. THOMPSON: 10:58:37</p> <p>23 Q. Oh, you may be right, 3,600. She 10:58:37</p> <p>24 would be higher than -- 10:58:40</p>	<p style="text-align: right;">Page 400</p> <p>1 finding them.</p> <p>2 MS. THOMPSON: Okay. Sorry</p> <p>3 about that.</p> <p>4 (A discussion was held off the</p> <p>5 record.)</p> <p>6 MS. THOMPSON: The two 11:00:52</p> <p>7 documents, we can go ahead and put them 11:00:52</p> <p>8 together. One has at the top Monadnock 11:00:55</p> <p>9 Health Partners, and the Bates number is 11:00:59</p> <p>10 a bunch of stuff, and then MDR000024. 11:01:00</p> <p>11 And the other one just has 11:01:07</p> <p>12 "Medical Records" at the top with an 11:01:12</p> <p>13 address, and it has JUDKINSCDHMCMR0028. 11:01:14</p> <p>14 And if we could just pull those 11:01:26</p> <p>15 two and mark them as our next two 11:01:28</p> <p>16 exhibits, that would be great. 11:01:31</p> <p>17 THE REPORTER: Okay. We'll go</p> <p>18 off the record just a minute while I</p> <p>19 find them.</p> <p>20 (Pause in the proceedings.)</p> <p>21 (Exhibit Nos. 35 and 36 were</p> <p>22 marked for identification.)</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Dr. Saenz, if you could refer to 11:03:27</p>

Page 401	Page 403
<p>1 your general expert report, Exhibit 2, that's 11:03:28</p> <p>2 relevant to Ms. Judkins' case. And on page 43 -- 11:03:34</p> <p>3 are you there? And I can't see you -- okay, got 11:03:48</p> <p>4 you. 11:03:53</p> <p>5 On page 43, I don't know exactly 11:03:54</p> <p>6 where it is, but it states -- your report states: 11:03:56</p> <p>7 "... but the vagina is not the perineum," and 11:04:00</p> <p>8 then you go on to say: "The perineum is the 11:04:03</p> <p>9 external genitalia and the vagina is an internal 11:04:06</p> <p>10 organ that is not exposed to the external 11:04:10</p> <p>11 environment." 11:04:13</p> <p>12 Did I read that correctly from your 11:04:14</p> <p>13 report on page 43? 11:04:15</p> <p>14 A. I don't know. I've got to find -- 11:04:17</p> <p>15 oh, I see where you are. (Peruses document.) 11:04:19</p> <p>16 I don't think so. 11:04:28</p> <p>17 Q. Okay. Let me -- I'll have to get 11:04:29</p> <p>18 it -- 11:04:32</p> <p>19 THE REPORTER: I'm not seeing those</p> <p>20 document, Margaret. 11:05:06</p> <p>21 MS. THOMPSON: Do you want the 11:05:06</p> <p>22 Bates numbers again? 11:05:12</p> <p>23 THE WITNESS: It may be helpful, 11:05:14</p> <p>24 Margaret, if you -- Dawn is trying to 11:05:19</p>	<p>1 Q. Before we go to the document in the 11:06:53</p> <p>2 chat, if you could turn to page 43 of your 11:06:55</p> <p>3 general expert report, Dr. Saenz. 11:06:57</p> <p>4 A. Yes, ma'am, I'm there. 11:06:59</p> <p>5 Q. And we're in the Migration section, 11:07:00</p> <p>6 and you state in the last paragraph of the -- 11:07:03</p> <p>7 actually, the first paragraph: "... but the 11:07:13</p> <p>8 vagina is not the perineum, and the female 11:07:19</p> <p>9 genital tract is not an open conduit." 11:07:22</p> <p>10 Do you see that?</p> <p>11 A. Yes, ma'am. 11:07:25</p> <p>12 Q. And reading on -- and I'm not 11:07:33</p> <p>13 trying to leave anything out. I'm just reading 11:07:34</p> <p>14 things that I believe are pertinent to 11:07:39</p> <p>15 Ms. Judkins. 11:07:42</p> <p>16 About two-thirds of the way down, 11:07:44</p> <p>17 the next paragraph, you state: "The perineum is 11:07:46</p> <p>18 the external genitalia, and the vagina is an 11:07:48</p> <p>19 internal organ that is not exposed to the 11:07:53</p> <p>20 external environment." 11:07:55</p> <p>21 Does that apply to all patients or 11:07:58</p> <p>22 plaintiffs? 11:08:01</p> <p>23 A. Unless a woman has complete vaginal 11:08:01</p> <p>24 procidentia, yes. 11:08:06</p>
Page 402	Page 404
<p>1 look through them now too, so it may be 11:05:22</p> <p>2 helpful if you tell us what those 11:05:25</p> <p>3 documents are. 11:05:27</p> <p>4 MS. THOMPSON: They're both</p> <p>5 medical --</p> <p>6 THE WITNESS: She said -- she 11:05:33</p> <p>7 says they are not here. 11:05:33</p> <p>8 MS. CURRY: Sorry -- those 11:05:35</p> <p>9 medical records are -- I just confirmed 11:05:38</p> <p>10 they are definitely not in the room here 11:05:41</p> <p>11 so we do need them on the chat. 11:05:43</p> <p>12 MS. THOMPSON: Leanna, if you</p> <p>13 could just get the --</p> <p>14 MS. CURRY: Ms. Thompson, are 11:06:21</p> <p>15 you okay if Leslie is not typing your 11:06:21</p> <p>16 instructions to Leanna? 11:06:24</p> <p>17 MS. THOMPSON: Yes, I am. I'm 11:06:27</p> <p>18 fine with that.</p> <p>19 THE REPORTER: Thank you.</p> <p>20 MS. THOMPSON: And it's also</p> <p>21 fine to go off the record. 11:06:51</p> <p>22 MS. PITTARD: Okay. They should 11:06:51</p> <p>23 be in the chat now. 11:06:51</p> <p>24 BY MS. THOMPSON:</p>	<p>1 Q. Okay. Let's talk a little bit 11:08:08</p> <p>2 about what Ms. Judkins does have, and -- let's 11:08:10</p> <p>3 see -- we can go ahead and -- 11:08:23</p> <p>4 MS. THOMPSON: Leanna, do you</p> <p>5 have the -- we don't need to share the 11:08:37</p> <p>6 screen if I know which record is in the 11:08:39</p> <p>7 chat. 11:08:41</p> <p>8 MS. PITTARD: Sure. They should 11:08:42</p> <p>9 both be labeled in the chat, and the 11:08:43</p> <p>10 first one is the one from Monadnock -- 11:08:52</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. If you would look at the medical 11:08:57</p> <p>13 record that's in the chat. 11:08:59</p> <p>14 A. Okay. 11:09:14</p> <p>15 Q. Ready? 11:09:15</p> <p>16 A. Yes, ma'am. 11:09:19</p> <p>17 Q. And you note in this record that -- 11:09:19</p> <p>18 or in Ms. Judkins' medical record, she was noted 11:09:23</p> <p>19 to have a prominent rectocele and uterine 11:09:27</p> <p>20 prolapse. 11:09:33</p> <p>21 Do you recall that history in the 11:09:35</p> <p>22 medical records? 11:09:39</p> <p>23 A. I see that in this record, but that 11:09:39</p> <p>24 was the visit that was actually before her 11:09:42</p>

<p style="text-align: right;">Page 405</p> <p>1 surgery, and her gynecologist thought she had a 11:09:47</p> <p>2 cystocele, and that's why she sent her for 11:09:54</p> <p>3 imaging, but it turned out to be a pelvic mass. 11:09:56</p> <p>4 Q. You believe her adnexal mass was 11:10:00</p> <p>5 coming out of her vagina? 11:10:05</p> <p>6 A. I believe that her adnexal mass was 11:10:07</p> <p>7 palpated on her vaginal exam, yes, and mistaken 11:10:11</p> <p>8 for a cystocele. 11:10:15</p> <p>9 Q. Okay. Well, let's read the actual 11:10:17</p> <p>10 medical record, and tell me if you still think 11:10:19</p> <p>11 this is the adnexal mass. 11:10:22</p> <p>12 "With Valsalva maneuver, prominent 11:10:25</p> <p>13 cystocele is noted." 11:10:29</p> <p>14 And you believe he was noting the 11:10:31</p> <p>15 adnexal mass in the vagina? 11:10:36</p> <p>16 A. Who is "he"? 11:10:38</p> <p>17 Q. Oh, sorry, she. She was Michelle 11:10:44</p> <p>18 Urban, MD, noting the adnexal mass in the vagina 11:10:48</p> <p>19 and mistaking it for a cystocele. 11:10:57</p> <p>20 A. Yes. 11:11:01</p> <p>21 Q. And the uterine prolapse, is it 11:11:01</p> <p>22 also your opinion that she was inaccurately 11:11:05</p> <p>23 describing the pelvic mass as a uterine prolapse? 11:11:08</p> <p>24 A. I believe the pelvic mass was 11:11:13</p>	<p style="text-align: right;">Page 407</p> <p>1 Q. Did they document the pelvic mass 11:12:32</p> <p>2 bulging into the vagina? 11:12:36</p> <p>3 MS. CURRY: Object to the form. 11:12:37</p> <p>4 THE WITNESS: That was 11:12:38</p> <p>5 discovered with Valsalva. That was not 11:12:39</p> <p>6 without the Valsalva. I believe that 11:12:43</p> <p>7 Dr. Urban palpated the mass and mistook 11:12:46</p> <p>8 it for a cystocele, because the imaging 11:12:50</p> <p>9 studies revealed that there was actually 11:12:52</p> <p>10 a large pelvic mass. 11:12:54</p> <p>11 Ms. Judkins did not have any 11:12:57</p> <p>12 reported issues with pelvic prolapse 11:12:59</p> <p>13 problems after her ovarian cancer 11:13:02</p> <p>14 surgery. So I do not believe that this 11:13:04</p> <p>15 was actually pelvic prolapse. I believe 11:13:07</p> <p>16 that this was the mass being mistaken 11:13:11</p> <p>17 for a pelvic prolapse. 11:13:13</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. And you're aware that the operative 11:13:17</p> <p>20 report describes the mass as being adherent to 11:13:19</p> <p>21 the pelvic side wall, correct? 11:13:22</p> <p>22 A. Yes. 11:13:24</p> <p>23 Q. And approximately 10 or 12 11:13:24</p> <p>24 centimeters -- I forget where it's at, the 11:13:29</p>
<p style="text-align: right;">Page 406</p> <p>1 pushing the uterus down, yes. 11:11:16</p> <p>2 Q. But you don't know how long that 11:11:20</p> <p>3 had been happening that she -- that the plaintiff 11:11:23</p> <p>4 had -- or the patient had described the feeling 11:11:25</p> <p>5 for several months, correct? 11:11:26</p> <p>6 A. No. She said one to two weeks at 11:11:29</p> <p>7 the time of presentation. 11:11:31</p> <p>8 Q. I have that she noted it since -- 11:11:32</p> <p>9 well, there is some conflicting evidence there. 11:11:48</p> <p>10 Okay. But it's your opinion that 11:11:51</p> <p>11 the pelvic mass was pushing down the vagina so 11:11:52</p> <p>12 that it appeared that she was having a cystocele, 11:11:56</p> <p>13 rectocele and uterine prolapse. Is that your 11:12:02</p> <p>14 opinion? 11:12:05</p> <p>15 A. My opinion is that the pelvic mass 11:12:05</p> <p>16 was bulging into the vagina. That's what was 11:12:07</p> <p>17 appreciated on exam. And I believe that it was 11:12:11</p> <p>18 deviating the uterus inferiorly. 11:12:13</p> <p>19 Q. And is it your opinion that the 11:12:17</p> <p>20 ultrasound CT showed the mass bulging into the 11:12:20</p> <p>21 vagina? 11:12:24</p> <p>22 A. It's my opinion that the imaging 11:12:24</p> <p>23 studies documented the presence of the mass and 11:12:26</p> <p>24 did not document a cystocele or a rectocele. 11:12:28</p>	<p style="text-align: right;">Page 408</p> <p>1 size -- so it's large, correct? 11:13:34</p> <p>2 A. Yes.</p> <p>3 Q. Have you ever had a 10-centimeter 11:13:37</p> <p>4 cancerous mass adherent to the pelvic side wall 11:13:45</p> <p>5 that is mistaken for a cystocele and rectocele 11:13:48</p> <p>6 and uterine prolapse on vaginal exam? 11:13:52</p> <p>7 MS. CURRY: Object to the form. 11:13:56</p> <p>8 THE WITNESS: Not by me, because 11:13:57</p> <p>9 by the time the patient comes to me, 11:13:59</p> <p>10 she's had imaging studies confirming the 11:14:01</p> <p>11 presence of the mass. But I have seen 11:14:05</p> <p>12 the recorded documents of other general 11:14:07</p> <p>13 OB/GYNs make that exact mistake. 11:14:10</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. Okay. Well, let's go to another 11:14:16</p> <p>16 record, and this is after she has already been 11:14:19</p> <p>17 referred to Dr. West. 11:14:23</p> <p>18 A. Give us a second to get there, 11:14:33</p> <p>19 ma'am. I have to -- 11:14:34</p> <p>20 Q. I will do that. 11:14:35</p> <p>21 MS. CURRY: Okay. Sorry, 11:14:52</p> <p>22 Margaret, go ahead.</p> <p>23 MS. THOMPSON: Got it? 11:14:52</p> <p>24 BY MS. THOMPSON: 11:14:53</p>

<p style="text-align: right;">Page 409</p> <p>1 Q. Reading at the bottom of the first 11:14:53</p> <p>2 page: "She initially saw Dr. Urban for symptoms 11:14:55</p> <p>3 of prolapse. She had difficulty with urinating, 11:14:59</p> <p>4 with incomplete voiding and urinary urgency. On 11:15:02</p> <p>5 exam, she was thought to have a cystocele, and a 11:15:06</p> <p>6 TVUS was ordered which showed a 10-centimeter 11:15:09</p> <p>7 complex adnexal mass and evidence of free fluid. 11:15:13</p> <p>8 This was followed by a CT scan which confirmed 11:15:17</p> <p>9 the same without any evidence of extrapelvic 11:15:20</p> <p>10 disease. Her only complaint today is pelvic 11:15:27</p> <p>11 budge and inside falling out of vagina." 11:15:33</p> <p>12 Is it your testimony that her 11:15:36</p> <p>13 feeling of insides falling out of the vagina was 11:15:43</p> <p>14 an adherent adnexal mass, 10 centimeters? 11:15:47</p> <p>15 A. Yes. 11:15:51</p> <p>16 Q. And that it had been ongoing since 11:15:52</p> <p>17 Thanksgiving. She prefers not to -- to not be in 11:15:54</p> <p>18 an upright position, and in the evenings she 11:15:59</p> <p>19 feels more full and comfortable. 11:16:03</p> <p>20 It would not surprise you for a 11:16:09</p> <p>21 woman with three children, vaginal births to have 11:16:11</p> <p>22 some pelvic prolapse, correct? 11:16:15</p> <p>23 MS. CURRY: Object to the form. 11:16:18</p> <p>24 THE WITNESS: That's not what's 11:16:18</p>	<p style="text-align: right;">Page 411</p> <p>1 THE WITNESS: Okay, we're back 11:17:08</p> <p>2 there. 11:17:10</p> <p>3 BY MS. THOMPSON: 11:17:10</p> <p>4 Q. In the History of Present Illness, 11:17:10</p> <p>5 it says: "Yesterday used a mirror to examine 11:17:12</p> <p>6 perineum and saw something in her vagina." 11:17:17</p> <p>7 Is it your testimony that that was 11:17:20</p> <p>8 actually the perineal mass extruding from her 11:17:22</p> <p>9 vagina? 11:17:28</p> <p>10 A. What perineal mass? 11:17:29</p> <p>11 Q. Sorry. The adnexal mass. 11:17:32</p> <p>12 MS. CURRY: Object to the form. 11:17:37</p> <p>13 THE WITNESS: No. 11:17:39</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. What are you saying she saw when 11:17:45</p> <p>16 she looked at her perineum with a mirror? 11:17:48</p> <p>17 A. Most likely she saw her cervix as 11:17:50</p> <p>18 she separated her labia and used the mirror to 11:17:54</p> <p>19 examine what's going on in her vagina. 11:17:58</p> <p>20 Q. So she saw her cervix from 11:18:00</p> <p>21 separating the labia. Is that what you're 11:18:03</p> <p>22 saying? 11:18:06</p> <p>23 A. I think she could have. 11:18:06</p> <p>24 Q. Isn't that consistent with a 11:18:13</p>
<p style="text-align: right;">Page 410</p> <p>1 happening here. She has a mass -- 11:16:19</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Okay. I'm just --</p> <p>4 A. Ma'am, you're interrupting me 11:16:22</p> <p>5 again. 11:16:24</p> <p>6 Q. But -- 11:16:24</p> <p>7 A. You asked me a question, and I'm 11:16:25</p> <p>8 trying to -- 11:16:27</p> <p>9 Q. Try to answer my questions. 11:16:27</p> <p>10 A. I am trying to answer your</p> <p>11 questions.</p> <p>12 Q. And I will try not to interrupt. 11:16:29</p> <p>13 A. Thank you so much. 11:16:33</p> <p>14 That's not what's happening here. 11:16:34</p> <p>15 This patient has a large pelvic mass, pelvic 11:16:36</p> <p>16 pressure. The sensation of pelvic pressure is 11:16:40</p> <p>17 very common in patients with ovarian cancer, and 11:16:43</p> <p>18 that's what's happening here. 11:16:45</p> <p>19 Q. All right. And back to the first 11:16:47</p> <p>20 record. 11:16:51</p> <p>21 A. Hold on a second.</p> <p>22 Q. And it's -- 11:17:04</p> <p>23 MS. CURRY: Hold on, give us one 11:17:05</p> <p>24 second, it takes a minute to load. 11:17:06</p>	<p style="text-align: right;">Page 412</p> <p>1 significant uterine prolapse? 11:18:15</p> <p>2 MS. CURRY: Object to the form. 11:18:17</p> <p>3 THE WITNESS: I believe that the 11:18:18</p> <p>4 mass is pushing down on her other pelvic 11:18:19</p> <p>5 organs, and that's why the cervix is 11:18:23</p> <p>6 there and able to be felt and seen by 11:18:25</p> <p>7 her. 11:18:27</p> <p>8 BY MS. THOMPSON: 11:18:27</p> <p>9 Q. So you do agree that complete 11:18:27</p> <p>10 procidentia of the vagina is an external organ, 11:18:32</p> <p>11 correct? 11:18:36</p> <p>12 A. Well, it's not an external organ. 11:18:37</p> <p>13 It's been exteriorized. 11:18:40</p> <p>14 Q. Okay, it's been exteriorized. And 11:18:43</p> <p>15 you would agree that many multiparous women have 11:18:44</p> <p>16 the vagina -- the vaginal wall exteriorized with 11:18:49</p> <p>17 cystocele, rectocele or uterine prolapse, 11:18:55</p> <p>18 correct?</p> <p>19 MS. CURRY: Object to the form. 11:18:59</p> <p>20 THE WITNESS: Not many. I 11:19:00</p> <p>21 wouldn't agree with many. And there are 11:19:02</p> <p>22 various degrees of pelvic prolapse. 11:19:04</p> <p>23 BY MS. THOMPSON: 11:19:12</p> <p>24 Q. We can look at the exact 11:19:13</p>

<p style="text-align: right;">Page 413</p> <p>1 statistics, but multiparous women, you disagree 11:19:14</p> <p>2 that many have some degree of pelvic prolapse 11:19:19</p> <p>3 which would result in the vaginal wall being 11:19:23</p> <p>4 exteriorized. 11:19:26</p> <p>5 MS. CURRY: Object to the form. 11:19:27</p> <p>6 THE WITNESS: I would disagree 11:19:29</p> <p>7 that many multiparous women have stage 4 11:19:30</p> <p>8 procidentia. 11:19:38</p> <p>9 BY MS. THOMPSON: 11:19:38</p> <p>10 Q. I don't think I said anything about 11:19:38</p> <p>11 stage 4. 11:19:40</p> <p>12 A. You said exteriorized. That's 11:19:41</p> <p>13 stage 4. 11:19:44</p> <p>14 Q. Well, a grade 2 cystocele could be 11:19:44</p> <p>15 exteriorized. 11:19:49</p> <p>16 A. No. 11:19:51</p> <p>17 Q. Would you agree? 11:19:51</p> <p>18 A. No, I wouldn't agree. 11:19:52</p> <p>19 Q. If the vaginal wall is 11:19:59</p> <p>20 exteriorized, and maybe we need to define what we 11:20:01</p> <p>21 mean by "exteriorized," then your opinions and at 11:20:05</p> <p>22 least the medical records state that Ms. Judkins 11:20:09</p> <p>23 has a prominent cystocele, prominent rectocele 11:20:13</p> <p>24 and uterine prolapse. Now, whether that's 11:20:17</p>	<p style="text-align: right;">Page 415</p> <p>1 talking about Ms. Judkins. 11:21:24</p> <p>2 Q. Well, I asked you about a patient 11:21:25</p> <p>3 like Ms. Judkins. 11:21:27</p> <p>4 A. But I'm talking about Ms. Judkins. 11:21:29</p> <p>5 Q. Okay. Well, you have to answer my 11:21:31</p> <p>6 question. You don't get to choose what you're 11:21:32</p> <p>7 going to answer or not. 11:21:35</p> <p>8 MS. CURRY: Object to the form. 11:21:36</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. So my question is, is a woman who 11:21:37</p> <p>11 has a prominent cystocele, rectocele and uterine 11:21:41</p> <p>12 prolapse as described in Ms. Judkins' medical 11:21:48</p> <p>13 records, is it still your opinion that there's -- 11:21:51</p> <p>14 that talcum powder applied to the perineum would 11:21:57</p> <p>15 not reach the vagina? 11:22:02</p> <p>16 A. Yes.</p> <p>17 Q. All right. Let's move on. 11:22:09</p> <p>18 A. Shall we take these documents -- 11:22:15</p> <p>19 I'm sorry, Ms. Thompson, shall we take these 11:22:17</p> <p>20 documents down or -- 11:22:20</p> <p>21 Q. Yes, you can take those documents 11:22:21</p> <p>22 down. 11:22:24</p> <p>23 A. Thank you. 11:22:24</p> <p>24 MS. THOMPSON: And I want to 11:22:30</p>
<p style="text-align: right;">Page 414</p> <p>1 because of the adherent adnexal mass pushing 11:20:21</p> <p>2 that, that's at least what her medical records 11:20:27</p> <p>3 state. Would you agree? 11:20:29</p> <p>4 MS. CURRY: Object to the form. 11:20:29</p> <p>5 THE WITNESS: Dr. Urban stated 11:20:31</p> <p>6 that. 11:20:33</p> <p>7 BY MS. THOMPSON: 11:20:33</p> <p>8 Q. And so did the doctor who saw her, 11:20:33</p> <p>9 Dr. West? 11:20:36</p> <p>10 A. No, Dr. West only documented a 11:20:36</p> <p>11 rectocele, not a cystocele or uterine 11:20:40</p> <p>12 procidentia. 11:20:45</p> <p>13 Q. All right. Dr. West documented the 11:20:45</p> <p>14 prominent rectocele. 11:20:48</p> <p>15 A. Correct. 11:20:51</p> <p>16 Q. And does that modify your opinions 11:20:51</p> <p>17 at all as to whether talcum powder applied to the 11:20:55</p> <p>18 perineum can reach the vagina? 11:21:01</p> <p>19 A. No. 11:21:03</p> <p>20 Q. Are you talking about just 11:21:08</p> <p>21 Ms. Judkins or a patient that has vaginal wall 11:21:10</p> <p>22 visible at the perineum at the introitus? 11:21:15</p> <p>23 A. We're just talking case specific 11:21:20</p> <p>24 about Ms. Judkins, right? So then I'm just 11:21:22</p>	<p style="text-align: right;">Page 416</p> <p>1 move now to Dr. Godleski's report. If 11:22:30</p> <p>2 we could mark that as the next exhibit. 11:22:41</p> <p>3 MS. CURRY: 37. 11:22:43</p> <p>4 (Exhibit No. 37 was marked for 11:22:43</p> <p>5 identification.)</p> <p>6 THE WITNESS: Okay, Ms.</p> <p>7 Thompson, I have it.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. You reviewed Dr. Godleski's report 11:24:53</p> <p>10 for Ms. Judkins, correct? 11:24:55</p> <p>11 A. Yes, ma'am. 11:24:57</p> <p>12 Q. If you will turn to page 4 of your 11:24:58</p> <p>13 report -- 11:25:02</p> <p>14 A. Of my report, okay. 11:25:03</p> <p>15 Q. -- the discussion of Dr. Godleski's 11:25:07</p> <p>16 report is related to Dr. Wolf's citing 11:25:11</p> <p>17 Dr. Godleski's report. Agree? 11:25:21</p> <p>18 MS. CURRY: Object to the form. 11:25:23</p> <p>19 THE WITNESS: Well, I mean, I 11:25:24</p> <p>20 discuss that Dr. Godleski is cited to by 11:25:26</p> <p>21 Dr. Wolf as supporting her opinion, but 11:25:31</p> <p>22 I also read Dr. Godleski's report. 11:25:33</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. So you're also making independent 11:25:36</p>

<p style="text-align: right;">Page 417</p> <p>1 opinions as to Dr. Godleski's report, correct? 11:25:40</p> <p>2 A. That's correct. 11:25:43</p> <p>3 Q. Okay. And you state that in 11:25:44</p> <p>4 Dr. Godleski's report he states that he found 11:25:53</p> <p>5 birefringent particles which likely represent 11:25:56</p> <p>6 talc in Ms. Judkins' left ovary and right pelvic 11:25:59</p> <p>7 lymph node.</p> <p>8 Was that your takeaway from his 11:26:06</p> <p>9 report? 11:26:08</p> <p>10 A. That's part of it. 11:26:08</p> <p>11 Q. What is the other part of it? 11:26:09</p> <p>12 A. He also looked at her cervix and 11:26:11</p> <p>13 said he found talc there. But I list that later. 11:26:15</p> <p>14 Somehow I omitted the word "cervix" there, but 11:26:19</p> <p>15 yes. 11:26:22</p> <p>16 Q. And when you looked at -- well, 11:26:22</p> <p>17 what else did he do besides look at birefringent 11:26:33</p> <p>18 particles? 11:26:37</p> <p>19 MS. CURRY: Object to the form. 11:26:38</p> <p>20 THE WITNESS: He looked at the 11:26:39</p> <p>21 pathology. He looked for evidence of 11:26:40</p> <p>22 talc. 11:26:42</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. How did he look for evidence of 11:26:43</p>	<p style="text-align: right;">Page 419</p> <p>1 see what he actually did to make the 11:27:35</p> <p>2 determination. 11:27:37</p> <p>3 So beginning on page 2 of 11:27:43</p> <p>4 Dr. Godleski's report, he looked at the 11:27:44</p> <p>5 histologic slides with light microscopy and 11:27:47</p> <p>6 confirmed a diagnosis of poorly differentiated 11:27:52</p> <p>7 serous carcinoma of the ovary, and he provides 11:27:56</p> <p>8 photomicrographs in his report of those findings, 11:28:01</p> <p>9 correct?</p> <p>10 A. Correct. 11:28:07</p> <p>11 Q. And then he used polarized light 11:28:07</p> <p>12 microscopy, and what was the purpose of the 11:28:12</p> <p>13 polarized light microscopy? 11:28:15</p> <p>14 MS. CURRY: Object to the form. 11:28:18</p> <p>15 THE WITNESS: To try and detect 11:28:20</p> <p>16 birefringent particles. 11:28:27</p> <p>17 BY MS. THOMPSON: 11:28:29</p> <p>18 Q. And the reason he looked for the 11:28:29</p> <p>19 birefringent foreign material in the same plane 11:28:31</p> <p>20 of focus with the tissues is so that he could 11:28:33</p> <p>21 concentrate on those areas when he moved to the 11:28:36</p> <p>22 SEM, correct? 11:28:39</p> <p>23 MS. CURRY: Object to the form. 11:28:40</p> <p>24 THE WITNESS: I don't 11:28:42</p>
<p style="text-align: right;">Page 418</p> <p>1 talc? 11:26:46</p> <p>2 A. With various microscopic methods. 11:26:46</p> <p>3 Q. Which ones? 11:26:49</p> <p>4 A. I don't know -- 11:26:52</p> <p>5 MS. CURRY: Object to the form. 11:26:52</p> <p>6 THE WITNESS: -- off the top of 11:26:53</p> <p>7 my head. I would have to read through 11:26:54</p> <p>8 his report again. I'm not -- I don't 11:26:56</p> <p>9 try and examine tissues for the presence 11:26:59</p> <p>10 of talc. I just know that he used 11:27:01</p> <p>11 various microscopic techniques to look 11:27:04</p> <p>12 for talc. 11:27:06</p> <p>13 BY MS. THOMPSON: 11:27:07</p> <p>14 Q. Okay. But when you say in 11:27:07</p> <p>15 Dr. Godleski's report, he states he found 11:27:09</p> <p>16 birefringent particles which likely represent 11:27:12</p> <p>17 talc in Ms. Judkins' left ovary and right pelvic 11:27:16</p> <p>18 lymph node, that's misleading as to what he 11:27:20</p> <p>19 actually performed to determine that the 11:27:22</p> <p>20 particles were talc. Wouldn't you agree? 11:27:28</p> <p>21 MS. CURRY: Object to the form. 11:27:31</p> <p>22 THE WITNESS: No. 11:27:32</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Okay. Let's look at his report and 11:27:32</p>	<p style="text-align: right;">Page 420</p> <p>1 necessarily know that, and he didn't say 11:28:42</p> <p>2 that. 11:28:45</p> <p>3 BY MS. THOMPSON: 11:28:46</p> <p>4 Q. And in addition to SEM, he 11:28:46</p> <p>5 performed EDS on the particles that he 11:28:49</p> <p>6 identified, correct? 11:28:54</p> <p>7 A. Correct. 11:28:56</p> <p>8 Q. What is EDS? 11:28:57</p> <p>9 A. It's a digestion of the tissues. I 11:28:59</p> <p>10 don't know exactly what the three letters stand 11:29:06</p> <p>11 for, but it's a digestion of the tissues. 11:29:08</p> <p>12 Q. It is? 11:29:11</p> <p>13 A. It's energy dispersive x-ray 11:29:11</p> <p>14 analysis. 11:29:17</p> <p>15 Q. And is that what determines the 11:29:17</p> <p>16 chemical components of the particles that he 11:29:24</p> <p>17 identifies? 11:29:28</p> <p>18 MS. CURRY: Object to the form. 11:29:28</p> <p>19 THE WITNESS: I don't know. 11:29:28</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. And were you interested in 11:29:31</p> <p>22 understanding Dr. Godleski's methods when he made 11:29:36</p> <p>23 these findings? 11:29:48</p> <p>24 A. Sorry, when he what? 11:29:49</p>

Page 421	Page 423
<p>1 Q. When he found the particles in the 11:29:50 2 tissues. 11:29:53 3 MS. CURRY: Object to the form. 11:29:55 4 THE WITNESS: I mean I read his 11:29:56 5 report. I don't hold myself out to be a 11:29:57 6 mineralogist, and so I don't feel that I 11:30:03 7 needed to have a mastery of these 11:30:05 8 techniques. 11:30:07 9 BY MS. THOMPSON: 11:30:08 10 Q. Is Dr. Godleski a mineralogist? 11:30:08 11 A. I believe he's a pathologist. 11:30:11 12 Q. So what do you know about 11:30:13 13 Dr. Godleski? 11:30:15 14 MS. CURRY: Object to the form. 11:30:16 15 THE WITNESS: With respect to 11:30:18 16 what? 11:30:18 17 BY MS. THOMPSON: 18 Q. Just in general. 11:30:21 19 A. He's a pathologist that has 11:30:24 20 testified on behalf of plaintiffs in these talc 11:30:26 21 cases. 11:30:29 22 Q. Is that all you know about 11:30:30 23 Dr. Godleski? 11:30:32 24 MS. CURRY: Object to the form. 11:30:32</p>	<p>1 THE WITNESS: I think it depends 11:31:30 2 upon the institution. 11:31:31 3 BY MS. THOMPSON: 11:31:32 4 Q. Do you know that Dr. Godleski's 11:31:36 5 work is archived in the Harvard Library? 11:31:37 6 A. No, I do not. 11:31:40 7 Q. Has every professor at a university 11:31:42 8 had their work archived in the university's 11:31:45 9 library? 11:31:49 10 A. I don't know the answer to that. 11:31:50 11 Q. Do you know if Godleski's work has 11:31:53 12 ever been questioned or criticized before this 11:31:56 13 litigation? 11:32:00 14 MS. CURRY: Object to the form. 11:32:00 15 THE WITNESS: I don't know the 11:32:02 16 answer to that. 11:32:02 17 BY MS. THOMPSON: 18 Q. Are you questioning the validity of 11:32:06 19 Dr. Godleski's techniques? 11:32:08 20 A. No, I am not. 11:32:12 21 Q. Are you questioning the accuracy of 11:32:14 22 his findings? 11:32:17 23 A. No, I am not. 11:32:19 24 Q. And if you looked at his report and 11:32:21</p>
Page 422	Page 424
<p>1 THE WITNESS: Yes. 2 BY MS. THOMPSON: 11:30:34 3 Q. Do you know that he is professor 11:30:34 4 emeritus at Harvard? 11:30:41 5 A. He says he retired from the 11:30:43 6 Department of Pathology in 2017 in his report. 11:30:46 7 So that's there. 11:30:50 8 Q. I don't think that was my question. 11:30:53 9 Did you know that he was professor 11:30:54 10 emeritus at Harvard? 11:30:56 11 MS. CURRY: Object to the form, 11:30:58 12 asked and answered. 11:30:58 13 THE WITNESS: I just answered 11:31:01 14 that. Emeritus means retired. 11:31:02 15 BY MS. THOMPSON: 16 Q. Is every physician that retires at 11:31:07 17 a academic institution a professor emeritus? 11:31:09 18 A. I think it depends on the 11:31:14 19 institution. 11:31:16 20 Q. Does it depend on the body of -- 11:31:17 21 the importance of the body of work and 11:31:24 22 contribution that the professor has made to the 11:31:26 23 university? 11:31:28 24 MS. CURRY: Object to the form. 11:31:29</p>	<p>1 his references, there are six peer-reviewed 11:32:26 2 articles that address his technique and his 11:32:32 3 findings and answer some of the questions that 11:32:40 4 you include in your report as criticisms. 11:32:44 5 Did you look at any of those peer- 11:32:47 6 reviewed articles to help you understand 11:32:50 7 Godleski's findings and the significance? 11:32:53 8 MS. CURRY: Object to the form. 11:32:55 9 THE WITNESS: I read some of the 11:32:57 10 articles that are on his reference list. 11:32:59 11 BY MS. THOMPSON: 11:33:01 12 Q. And you still had the questions 11:33:04 13 that you raised in your report? 11:33:06 14 MS. CURRY: Object to the form. 11:33:08 15 THE WITNESS: I stand by my 11:33:09 16 report. 11:33:11 17 BY MS. THOMPSON: 18 Q. Okay. And so if the questions were 11:33:12 19 answered in the peer-reviewed literature that 11:33:14 20 Dr. Godleski and his team have published, that 11:33:18 21 doesn't impact the criticisms and questions that 11:33:22 22 you raise. 11:33:26 23 MS. CURRY: Object to the form. 11:33:27 24 THE WITNESS: That's correct. 11:33:29</p>

<p style="text-align: right;">Page 425</p> <p>1 BY MS. THOMPSON:</p> <p>2 Q. And in Ms. Judkins' pelvic tissues, 11:33:33</p> <p>3 Dr. Godleski found 17 talc particles. Do you 11:33:41</p> <p>4 agree? 11:33:45</p> <p>5 MS. CURRY: Object to the form. 11:33:45</p> <p>6 THE WITNESS: Let me see what he</p> <p>7 says. That's correct. 11:34:03</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And Dr. Godleski's conclusion at 11:34:11</p> <p>10 the very last sentence in the report is that: 11:34:13</p> <p>11 "Therefore, based on the findings of this case, 11:34:17</p> <p>12 it can be stated to a reasonable degree of 11:34:20</p> <p>13 medical certainty that the talc found in this 11:34:22</p> <p>14 case is contributory evidence for a causal link 11:34:27</p> <p>15 between the presence of talc and the development 11:34:30</p> <p>16 of this patient's ovarian cancer." 11:34:33</p> <p>17 You agree that that's 11:34:36</p> <p>18 Dr. Godleski's conclusion, correct? 11:34:38</p> <p>19 A. That's his opinion. 11:34:41</p> <p>20 Q. It's his conclusion. Correct? 11:34:45</p> <p>21 A. It's his opinion. 11:34:47</p> <p>22 Q. And yet you are critical of 11:34:54</p> <p>23 Dr. Wolf for citing that Dr. Godleski's report 11:34:55</p> <p>24 supports her opinions. Correct? 11:35:04</p>	<p style="text-align: right;">Page 427</p> <p>1 that Johnson & Johnson did not think it was 11:36:13</p> <p>2 important either? 11:36:19</p> <p>3 MS. CURRY: Objection. Calls 11:36:19</p> <p>4 for speculation. 11:36:21</p> <p>5 THE WITNESS: I don't know what 11:36:21</p> <p>6 Johnson & Johnson thinks. 11:36:22</p> <p>7 BY MS. THOMPSON: 11:36:22</p> <p>8 Q. When you looked at the records, 11:36:25</p> <p>9 literature, anything provided to you by Johnson & 11:36:30</p> <p>10 Johnson, did you think you were getting 11:36:34</p> <p>11 everything that was important for you to review 11:36:37</p> <p>12 the case? 11:36:39</p> <p>13 MS. CURRY: Objection. And 11:36:40</p> <p>14 misstates prior testimony about how she 11:36:44</p> <p>15 received materials. 11:36:46</p> <p>16 THE WITNESS: I believe I had 11:36:48</p> <p>17 all of the materials I needed to render 11:36:49</p> <p>18 the opinions that I've rendered. 11:36:52</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. And is part of that because you are 11:36:58</p> <p>21 not considering asbestos when you're giving your 11:37:00</p> <p>22 opinions as to whether talcum powder can cause 11:37:06</p> <p>23 ovarian cancer? 11:37:10</p> <p>24 MS. CURRY: Object to the form. 11:37:10</p>
<p style="text-align: right;">Page 426</p> <p>1 MS. CURRY: Object to the form. 11:35:07</p> <p>2 THE WITNESS: That's correct. 11:35:09</p> <p>3 BY MS. THOMPSON: 11:35:09</p> <p>4 Q. But she is just citing 11:35:13</p> <p>5 Dr. Godleski's conclusions. Correct? 11:35:16</p> <p>6 A. I don't necessarily know that 11:35:18</p> <p>7 that's the case. I'm not inside Dr. Wolf's head. 11:35:22</p> <p>8 All I know is that she said that Dr. Godleski's 11:35:25</p> <p>9 report supports her conclusion. 11:35:29</p> <p>10 Q. But you don't have to be in 11:35:32</p> <p>11 Dr. Wolf's head to read what she wrote, correct? 11:35:34</p> <p>12 A. Dr. Wolf says that Dr. Godleski's 11:35:38</p> <p>13 report supports her opinion. 11:35:40</p> <p>14 Q. And did you look at Dr. Longo's 11:35:51</p> <p>15 report for Ms. Judkins? 11:35:53</p> <p>16 A. I did not. 11:35:55</p> <p>17 Q. Why not? 11:35:57</p> <p>18 A. I didn't think it was important to 11:35:58</p> <p>19 my opinions. 11:35:59</p> <p>20 Q. And you were not provided 11:36:02</p> <p>21 Dr. Longo's report by Johnson & Johnson counsel, 11:36:05</p> <p>22 correct?</p> <p>23 A. That's correct. 11:36:09</p> <p>24 Q. And would that lead you to believe 11:36:10</p>	<p style="text-align: right;">Page 428</p> <p>1 THE WITNESS: Not specifically. 11:37:12</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Okay. So do you know what 11:37:16</p> <p>4 Dr. Longo found? 11:37:18</p> <p>5 A. I have not seen Dr. Longo's report. 11:37:18</p> <p>6 Q. Did you read Dr. Wolf's report that 11:37:21</p> <p>7 discusses Dr. Longo's findings? 11:37:24</p> <p>8 A. A while ago. 11:37:26</p> <p>9 Q. Did you read her deposition that 11:37:31</p> <p>10 discussed the significance of Dr. Longo's 11:37:32</p> <p>11 findings? 11:37:34</p> <p>12 A. I don't recall that specific 11:37:35</p> <p>13 section. 11:37:36</p> <p>14 Q. So in addition to talcum powder not 11:37:38</p> <p>15 causing this or contributing to Ms. Judkins' 11:37:50</p> <p>16 ovarian cancer, is it also your opinion that any 11:37:52</p> <p>17 asbestos that would be present in Johnson's baby 11:37:54</p> <p>18 powder and Shower to Shower does not contribute 11:37:59</p> <p>19 or cause her ovarian cancer? 11:38:01</p> <p>20 MS. CURRY: Object to the form. 11:38:03</p> <p>21 THE WITNESS: That's correct. 11:38:04</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. And are you aware that Dr. Longo 11:38:06</p> <p>24 estimated the amount of exposure that Ms. Judkins 11:38:16</p>

<p style="text-align: right;">Page 429</p> <p>1 would have received from her talcum powder usage 11:38:20</p> <p>2 of both talc and asbestos -- talc fibers and 11:38:29</p> <p>3 asbestos? 11:38:30</p> <p>4 A. I have not seen Dr. Longo's report. 11:38:30</p> <p>5 Q. Did you read that in Dr. Wolf's 11:38:32</p> <p>6 report? 11:38:34</p> <p>7 A. I don't recall that. 11:38:35</p> <p>8 Q. Is it your opinion that asbestos 11:38:47</p> <p>9 exposure could not have caused or contributed to 11:38:51</p> <p>10 Ms. Judkins' ovarian cancer? 11:38:56</p> <p>11 A. That's correct. 11:38:57</p> <p>12 Q. And in your report on Ms. Judkins, 11:39:05</p> <p>13 there's no discussion of the potential role of 11:39:08</p> <p>14 asbestos. Correct? 11:39:12</p> <p>15 MS. CURRY: Object to the form. 11:39:13</p> <p>16 THE WITNESS: That's correct. 11:39:15</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. And wouldn't you agree that an 11:39:18</p> <p>19 omission of a piece of evidence is as important 11:39:20</p> <p>20 as including something that is irrelevant? 11:39:25</p> <p>21 MS. CURRY: Object to the form. 11:39:31</p> <p>22 THE WITNESS: I don't understand 11:39:33</p> <p>23 that question. 11:39:33</p> <p>24 BY MS. THOMPSON:</p>	<p style="text-align: right;">Page 431</p> <p>1 potential cause, and I'm trying to 11:40:52</p> <p>2 determine why she omitted that from her 11:40:54</p> <p>3 discussion. And it is relevant. 11:40:59</p> <p>4 MS. CURRY: And she did respond 11:41:01</p> <p>5 to that question already. But now 11:41:02</p> <p>6 you're asking specifically about the 11:41:04</p> <p>7 IARC monograph, which is clearly a 11:41:08</p> <p>8 general cause opinion. 11:41:10</p> <p>9 MS. THOMPSON: No, it's related 11:41:12</p> <p>10 to why she would disregard IARC's 11:41:13</p> <p>11 determination. 11:41:18</p> <p>12 MS. CURRY: Disagree. 11:41:18</p> <p>13 THE WITNESS: IARC did not weigh 11:41:20</p> <p>14 in on Ms. Judkins' development of 11:41:22</p> <p>15 ovarian cancer. 11:41:25</p> <p>16 BY MS. THOMPSON: 11:41:26</p> <p>17 Q. But IARC did weigh in on exposure 11:41:26</p> <p>18 to talc fibers and asbestos in causing ovarian 11:41:29</p> <p>19 cancer, correct? 11:41:34</p> <p>20 MS. CURRY: Object to the form. 11:41:35</p> <p>21 THE WITNESS: Not with respect 11:41:36</p> <p>22 to Ms. Judkins, and we covered all of 11:41:37</p> <p>23 this yesterday. 11:41:39</p> <p>24 BY MS. THOMPSON:</p>
<p style="text-align: right;">Page 430</p> <p>1 Q. Okay. I don't either. 11:39:35</p> <p>2 Is the omission of any discussion 11:39:49</p> <p>3 of potential exposure to asbestos of Ms. Judkins 11:39:50</p> <p>4 relevant to your opinions? 11:39:54</p> <p>5 MS. CURRY: Object to the form. 11:39:57</p> <p>6 THE WITNESS: Is the omission of 11:39:59</p> <p>7 any discussion of asbestos -- I do not 11:40:01</p> <p>8 believe that asbestos is related to 11:40:03</p> <p>9 Ms. Judkins' development of ovarian 11:40:06</p> <p>10 cancer. 11:40:07</p> <p>11 BY MS. THOMPSON: 11:40:07</p> <p>12 Q. Is it related to any increased risk 11:40:11</p> <p>13 of ovarian cancer in any way? 11:40:14</p> <p>14 A. I do not believe that asbestos is 11:40:15</p> <p>15 related to the development of ovarian cancer. 11:40:20</p> <p>16 Q. And you do know that IARC has 11:40:22</p> <p>17 determined that talc fibers and asbestos cause 11:40:35</p> <p>18 ovarian cancer, do you not? 11:40:38</p> <p>19 MS. CURRY: Object to the form. 11:40:39</p> <p>20 Covered. That would be a general cause 11:40:40</p> <p>21 opinion that you are out of time on 11:40:43</p> <p>22 questioning about. 11:40:48</p> <p>23 MS. THOMPSON: I'm asking about 11:40:48</p> <p>24 her failure to include asbestos as a 11:40:49</p>	<p style="text-align: right;">Page 432</p> <p>1 Q. I am not asking you -- I'm asking 11:41:46</p> <p>2 you the question, did IARC determine that talc 11:41:48</p> <p>3 fibers and asbestos can cause ovarian cancer? 11:41:52</p> <p>4 MS. CURRY: Now I'm going to 11:41:56</p> <p>5 instruct her not to answer. This is 11:41:58</p> <p>6 clearly within the realm of general 11:41:59</p> <p>7 opinions and -- 11:42:03</p> <p>8 MS. THOMPSON: Well, I want to 11:42:03</p> <p>9 know why it isn't included in 11:42:04</p> <p>10 Ms. Judkins' report. That is totally 11:42:05</p> <p>11 unacceptable. So -- but if you instruct 11:42:07</p> <p>12 her not to answer -- 11:42:10</p> <p>13 MS. CURRY: And she answered -- 11:42:10</p> <p>14 MS. THOMPSON: -- well, put that</p> <p>15 on the record.</p> <p>16 MS. CURRY: I'm sorry. I did 11:42:11</p> <p>17 not mean to cut you off, Margaret. 11:42:12</p> <p>18 She did answer why it was not in 11:42:15</p> <p>19 the report for Ms. Judkins, and that she 11:42:18</p> <p>20 doesn't find that asbestos -- it's her 11:42:20</p> <p>21 opinion that it's not related to the 11:42:22</p> <p>22 development of ovarian cancer. But 11:42:24</p> <p>23 we're not going to retread IARC today as 11:42:25</p> <p>24 a general cause opinion. I'm sorry. 11:42:29</p>

<p style="text-align: right;">Page 433</p> <p>1 BY MS. THOMPSON:</p> <p>2 Q. And would asbestos -- the presence 11:42:33</p> <p>3 of asbestos impact your opinions on mechanism in 11:42:36</p> <p>4 any way on Ms. Judkins? 11:42:41</p> <p>5 MS. CURRY: Object to the form. 11:42:42</p> <p>6 THE WITNESS: Asbestos did not 11:42:44</p> <p>7 contribute to Ms. Judkins' developing 11:42:45</p> <p>8 ovarian cancer. 11:42:47</p> <p>9 BY MS. THOMPSON: 11:42:48</p> <p>10 Q. Okay. A few final questions. If 11:42:55</p> <p>11 you'll turn to your report. 11:42:57</p> <p>12 A. I'm there. 11:43:02</p> <p>13 Q. And if we could -- 11:43:04</p> <p>14 A. Oh, Ms. Thompson, I'm sorry. May 11:43:07</p> <p>15 I -- before we move entirely on, on that page 11:43:10</p> <p>16 that we were just on, I realized that I have a 11:43:14</p> <p>17 typo in that same paragraph that we were on. 11:43:17</p> <p>18 The second to last sentence should 11:43:23</p> <p>19 read: "The left ovary, cervix and right pelvic 11:43:25</p> <p>20 lymph node." So I have the laterality correct up 11:43:30</p> <p>21 above, but I mistyped it on the second to last 11:43:33</p> <p>22 line. It should not be right pelvic -- I'm 11:43:36</p> <p>23 sorry, it should be right pelvic lymph node, not 11:43:39</p> <p>24 left. 11:43:41</p>	<p style="text-align: right;">Page 435</p> <p>1 report relating to her literature review that you 11:46:19</p> <p>2 found inaccurate? 11:46:24</p> <p>3 A. Yes. 11:46:26</p> <p>4 Q. And I'm talking about her reference 11:46:31</p> <p>5 to the literature, not her opinions. 11:46:34</p> <p>6 And what were those? 11:46:36</p> <p>7 A. She -- 11:46:37</p> <p>8 MS. CURRY: Object to the form. 11:46:37</p> <p>9 Sorry, go ahead.</p> <p>10 THE WITNESS: She states that 11:46:43</p> <p>11 Phung is evidence of cumulative synergy 11:46:52</p> <p>12 additive effects of risk factors, and 11:46:56</p> <p>13 that is not what the authors concluded. 11:46:58</p> <p>14 And she in deposition testimony 11:47:01</p> <p>15 states that the American Cancer Society 11:47:05</p> <p>16 is calling for more research on the 11:47:09</p> <p>17 perineal application of talc and the 11:47:13</p> <p>18 risk of developing ovarian cancer, and 11:47:16</p> <p>19 that's actually not what they say. 11:47:18</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Anything else, that was factually 11:47:23</p> <p>22 incorrect in your mind? 11:47:27</p> <p>23 MS. CURRY: Object to the form. 11:47:29</p> <p>24 THE WITNESS: Not that I can 11:47:30</p>
<p style="text-align: right;">Page 434</p> <p>1 Q. Thank you. 11:43:44</p> <p>2 A. I apologize for that. 11:43:44</p> <p>3 Q. That's no problem. 11:43:45</p> <p>4 MS. THOMPSON: If we could get 11:44:04</p> <p>5 Dr. Wolf's report in front of Dr. Saenz. 11:44:05</p> <p>6 (Exhibit No. 38 was marked for</p> <p>7 identification.)</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And it's in your report, page -- I 11:45:05</p> <p>10 have labeled as page 4, but it's -- I think it's 11:45:11</p> <p>11 the next to last page, it's the page that the 11:45:20</p> <p>12 footnote at the bottom is "Deposition transcript 11:45:26</p> <p>13 of Lloyd West." 11:45:28</p> <p>14 A. Yes, I have that. 11:45:31</p> <p>15 Q. And I'm looking at the paragraph -- 11:45:33</p> <p>16 the last paragraph that begins: "In her reports 11:45:36</p> <p>17 and in testimony, Dr. Wolf states that she has 11:45:40</p> <p>18 performed a differential diagnosis and concluded 11:45:45</p> <p>19 that Ms. Judkins' ovarian cancer was caused by 11:45:49</p> <p>20 the perineal application of talc because she 11:45:52</p> <p>21 cannot identify that Ms. Judkins had any of the 11:45:54</p> <p>22 established risk factors for ovarian cancer." 11:45:59</p> <p>23 Two questions. One, did you 11:46:03</p> <p>24 identify anything -- any statements in Dr. Wolf's 11:46:05</p>	<p style="text-align: right;">Page 436</p> <p>1 recall right now. 11:47:31</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Okay. And where in Dr. Wolf's 11:47:41</p> <p>4 report did you see that she concluded that 11:47:43</p> <p>5 Ms. Judkins' ovarian cancer was caused by the 11:47:48</p> <p>6 perineal application of talc because she couldn't 11:47:51</p> <p>7 identify any other risk factor? Does she say 11:47:55</p> <p>8 anything like that in her report? 11:47:58</p> <p>9 MS. CURRY: Object to the form. 11:47:59</p> <p>10 THE WITNESS: Well, she states 11:48:01</p> <p>11 that she doesn't have any other risk 11:48:03</p> <p>12 factors. 11:48:07</p> <p>13 BY MS. THOMPSON:</p> <p>14 Q. But you're stating that that's the 11:48:13</p> <p>15 reason she stated that ovarian cancer was caused 11:48:14</p> <p>16 by perineal application of talc because she 11:48:19</p> <p>17 couldn't identify any other risk factors. 11:48:22</p> <p>18 She doesn't say that, does she? 11:48:24</p> <p>19 A. She doesn't identify -- 11:48:26</p> <p>20 MS. CURRY: Object to the form. 11:48:26</p> <p>21 THE WITNESS: Sorry. She 11:48:26</p> <p>22 doesn't identify any other contributing 11:48:27</p> <p>23 causes of Ms. Judkins' ovarian cancer. 11:48:29</p> <p>24 BY MS. THOMPSON: 11:48:31</p>

<p style="text-align: right;">Page 437</p> <p>1 Q. But your statement is that's why 11:48:32</p> <p>2 she concludes that talc is a contributing cause 11:48:33</p> <p>3 because she couldn't identify anything else, and 11:48:38</p> <p>4 that's not correct. 11:48:41</p> <p>5 A. No, it is correct. 11:48:42</p> <p>6 Q. Okay. That would be speculation, 11:48:44</p> <p>7 you would agree? 11:48:47</p> <p>8 MS. CURRY: Object to the form. 11:48:48</p> <p>9 THE WITNESS: No, I don't agree. 11:48:49</p> <p>10 BY MS. THOMPSON: 11:48:50</p> <p>11 Q. Okay. And then at the bottom of 11:48:56</p> <p>12 that, you say: "Dr. Wolf has fallen into the 11:48:57</p> <p>13 same trap that many of our patients fall into, 11:49:01</p> <p>14 they simply want an explanation as to why they 11:49:07</p> <p>15 developed cancer. Since she can't identify the 11:49:11</p> <p>16 reason for Ms. Judkins' ovarian cancer, she is 11:49:16</p> <p>17 attributing it to the use of baby powder 11:49:21</p> <p>18 products. Sound medical judgment does not 11:49:23</p> <p>19 function in this manner." 11:49:27</p> <p>20 That's a strong criticism of 11:49:29</p> <p>21 Dr. Wolf, isn't it? 11:49:31</p> <p>22 A. Yes, it is. 11:49:33</p> <p>23 Q. Do you know Dr. Wolf? 11:49:34</p> <p>24 A. No, I do not. 11:49:36</p>	<p style="text-align: right;">Page 439</p> <p>1 in the world. Would you agree? 11:50:30</p> <p>2 A. I think it's number two. 11:50:31</p> <p>3 Q. Well, I like Duke. 11:50:38</p> <p>4 So -- and you know -- do you know 11:50:40</p> <p>5 that her career was exclusively devoted to 11:50:43</p> <p>6 ovarian cancer? 11:50:48</p> <p>7 MS. CURRY: Object to the form. 11:50:49</p> <p>8 THE WITNESS: No, I do not. 11:50:50</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Did you know that she did bench 11:50:52</p> <p>11 work as well as clinical work, actually performed 11:50:54</p> <p>12 the bench work? 11:50:57</p> <p>13 MS. CURRY: Object to the form. 11:50:58</p> <p>14 THE WITNESS: No, I do not. 11:50:59</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. Do you know that she has hundreds 11:51:03</p> <p>17 of publications specifically relating to ovarian 11:51:05</p> <p>18 cancer? 11:51:08</p> <p>19 MS. CURRY: Object to the form. 11:51:08</p> <p>20 THE WITNESS: No, I do not. 11:51:09</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Is it your opinion that she cares 11:51:10</p> <p>23 about her patients less than you do? 11:51:15</p> <p>24 MS. CURRY: Object to the form. 11:51:18</p>
<p style="text-align: right;">Page 438</p> <p>1 Q. Do you know anything about her 11:49:40</p> <p>2 career? 11:49:41</p> <p>3 A. Only what she has written in her 11:49:42</p> <p>4 reports. 11:49:44</p> <p>5 Q. And what is that? 11:49:45</p> <p>6 MS. CURRY: Object to the form. 11:49:51</p> <p>7 THE WITNESS: That she has 11:49:52</p> <p>8 worked at various institutions, and that 11:49:53</p> <p>9 most recently she's been employed at 11:49:55</p> <p>10 various hospitals as a locum tenens GYN 11:49:58</p> <p>11 oncologist. 11:50:03</p> <p>12 BY MS. THOMPSON: 11:50:04</p> <p>13 Q. And where was the bulk of her 11:50:04</p> <p>14 professional career -- 11:50:07</p> <p>15 MS. CURRY: Object to the form. 11:50:08</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. -- performed? 11:50:10</p> <p>18 A. I believe she was at an MD Anderson 11:50:10</p> <p>19 affiliate. 11:50:14</p> <p>20 Q. She was actually at MD Anderson in 11:50:14</p> <p>21 Houston. Were you aware of that? 11:50:18</p> <p>22 A. No, I was not. 11:50:20</p> <p>23 Q. And MD Anderson is frequently, if 11:50:21</p> <p>24 not always, named as the number one cancer center 11:50:27</p>	<p style="text-align: right;">Page 440</p> <p>1 THE WITNESS: I have no such 11:51:18</p> <p>2 opinion. 11:51:20</p> <p>3 BY MS. THOMPSON: 11:51:20</p> <p>4 Q. Is it your opinion that she cares 11:51:23</p> <p>5 about preventing ovarian cancer less than you do? 11:51:25</p> <p>6 MS. CURRY: Object to the form. 11:51:28</p> <p>7 THE WITNESS: I have no such 11:51:28</p> <p>8 opinion. 11:51:29</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Do you know that she has been an 11:51:33</p> <p>11 advocate for ovarian cancer and raised hundreds 11:51:36</p> <p>12 of thousands of dollars for ovarian cancer 11:51:38</p> <p>13 research? 11:51:41</p> <p>14 MS. CURRY: Object to the form. 11:51:41</p> <p>15 THE WITNESS: I have no 11:51:42</p> <p>16 knowledge of that. 11:51:43</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. And so I want to read from 11:51:53</p> <p>19 Dr. Wolf's report, and this is the closest I 11:51:57</p> <p>20 could find to the opinions you gave that she fell 11:51:59</p> <p>21 into the trap of -- like patients of wanting to 11:52:03</p> <p>22 know what caused cancer, and others that you are 11:52:07</p> <p>23 extremely critical of. 11:52:11</p> <p>24 If you will turn to -- and I do not 11:52:13</p>

<p style="text-align: right;">Page 441</p> <p>1 have -- let me pull up mine so I can direct you 11:52:27</p> <p>2 to the correct page. 11:52:30</p> <p>3 And do you have Dr. Wolf's report 11:52:47</p> <p>4 in front of you, Dr. Saenz? 11:52:50</p> <p>5 A. Yes, I do. 11:52:51</p> <p>6 Q. If you could turn to page -- sorry, 11:53:02</p> <p>7 this wasn't what I was looking for. 11:53:34</p> <p>8 Okay. I was searching for NCI and 11:54:24</p> <p>9 got incidence every time. 11:54:27</p> <p>10 If you will turn to page 3 of her 11:54:29</p> <p>11 general report. 11:54:30</p> <p>12 A. Okay. 11:54:35</p> <p>13 Q. And beginning with the paragraph 11:54:36</p> <p>14 towards the bottom, "The National Cancer 11:54:39</p> <p>15 Institute." 11:54:43</p> <p>16 "The National Cancer Institute 11:54:43</p> <p>17 defines a risk factor as something that increases 11:54:46</p> <p>18 the chances of developing a disease. 11:54:50</p> <p>19 Associations can occur that are not actually 11:54:54</p> <p>20 linked with a disease." 11:54:58</p> <p>21 Are we okay so far? Do you agree 11:55:00</p> <p>22 with those two statements? 11:55:02</p> <p>23 MS. CURRY: Object to the form. 11:55:04</p> <p>24 Do you mean do you agree with 11:55:06</p>	<p style="text-align: right;">Page 443</p> <p>1 statement by Dr. Wolf? 11:56:09</p> <p>2 A. Which is Dr. Wolf's statement and 11:56:12</p> <p>3 which is from the Vineis paper? 11:56:14</p> <p>4 Q. Well, I'm reading the statement 11:56:15</p> <p>5 from Dr. Wolf, and that's what I'm asking you if 11:56:18</p> <p>6 you agree with. I'm not asking if you agree with 11:56:21</p> <p>7 the Vineis paper or if the Vineis paper even 11:56:23</p> <p>8 supports this opinion or this statement. I'm 11:56:27</p> <p>9 asking if you agree with that statement. 11:56:29</p> <p>10 A. I agree with that statement. 11:56:31</p> <p>11 Q. "And as a physician, I use the 11:56:42</p> <p>12 terms 'risk factor' and 'contributing cause' 11:56:44</p> <p>13 interchangeably when the known or predictable 11:56:47</p> <p>14 mechanism for the effect is plausible." 11:56:51</p> <p>15 Did I read that correctly? 11:56:54</p> <p>16 A. You read that correctly. 11:56:55</p> <p>17 Q. And is it your understanding that 11:56:57</p> <p>18 this is Dr. Wolf's methodology for determining 11:57:02</p> <p>19 whether a risk factor can be a contributing cause 11:57:10</p> <p>20 of ovarian cancer? 11:57:13</p> <p>21 MS. CURRY: Object to the form. 11:57:14</p> <p>22 THE WITNESS: I think she's 11:57:16</p> <p>23 saying that's her practice, but I don't 11:57:17</p> <p>24 know that that's her methodology. 11:57:19</p>
<p style="text-align: right;">Page 442</p> <p>1 the statements themselves or that you 11:55:08</p> <p>2 read them correctly? 11:55:10</p> <p>3 MS. THOMPSON: Oh, that's a good 11:55:11</p> <p>4 question. 11:55:12</p> <p>5 BY MS. THOMPSON: 11:55:12</p> <p>6 Q. Did I read them correctly first? 11:55:12</p> <p>7 A. You read them correctly. 11:55:15</p> <p>8 Q. And do you agree with those two 11:55:17</p> <p>9 statements in Dr. Wolf's report? 11:55:19</p> <p>10 A. Yes. 11:55:21</p> <p>11 Q. All right. She goes on: "A 11:55:22</p> <p>12 causative risk factor is one that increases the 11:55:23</p> <p>13 chances of developing a disease by means of a 11:55:28</p> <p>14 known or predictable mechanism. In other words, 11:55:32</p> <p>15 it is more than a mere association." And she 11:55:36</p> <p>16 gives a cite, Vineis 2017. 11:55:42</p> <p>17 Do you agree with that statement? 11:55:45</p> <p>18 A. I have not -- I am not looking at 11:55:47</p> <p>19 the Vineis paper, so I don't know exactly what 11:55:57</p> <p>20 sentences come from Vineis, but you read them 11:56:00</p> <p>21 correctly, and I don't object to anything that's 11:56:02</p> <p>22 been said so far. 11:56:04</p> <p>23 BY MS. THOMPSON: 11:56:05</p> <p>24 Q. But would you agree with the 11:56:06</p>	<p style="text-align: right;">Page 444</p> <p>1 BY MS. THOMPSON:</p> <p>2 Q. Okay. That would be her practice 11:57:21</p> <p>3 then, as she states, correct? 11:57:23</p> <p>4 A. That's what she states. 11:57:25</p> <p>5 Q. And do you disagree with this 11:57:27</p> <p>6 practice? 11:57:33</p> <p>7 MS. CURRY: Object to the form. 11:57:33</p> <p>8 THE WITNESS: I do. 11:57:34</p> <p>9 BY MS. THOMPSON: 11:57:34</p> <p>10 Q. And what part of that statement do 11:57:38</p> <p>11 you disagree with? 11:57:39</p> <p>12 A. Plausible is not the same thing as 11:57:40</p> <p>13 what is outlined before, which is a known or 11:57:44</p> <p>14 predictable mechanism. 11:57:47</p> <p>15 Q. Who said plausible was known? 11:57:54</p> <p>16 A. Plausible is not the same word as 11:57:56</p> <p>17 known or predictable, so -- 11:57:58</p> <p>18 Q. Right, but it could -- sorry. But 11:58:00</p> <p>19 it's "or," not "and," correct? 11:58:04</p> <p>20 A. But the definition above of a 11:58:07</p> <p>21 causative risk factor is one that vis-à-vis is 11:58:11</p> <p>22 through means of a known or predictable 11:58:16</p> <p>23 mechanism. That's not the same as the word that 11:58:19</p> <p>24 Dr. Wolf is using, which is "plausible." 11:58:22</p>

Page 445	Page 447
<p>1 Q. Well, I believe we discussed 11:58:27</p> <p>2 definitions of "plausible," and -- and 11:58:30</p> <p>3 "predictable" was included. 11:58:36</p> <p>4 MS. CURRY: Object to the form. 11:58:39</p> <p>5 THE WITNESS: I think this is 11:58:39</p> <p>6 her practice, and I disagree with it. 11:58:40</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Okay. And I'm not surprised that 11:58:43</p> <p>9 you disagree with it. I'm just reading into the 11:58:48</p> <p>10 record what Dr. Wolf's methods and practice are 11:58:51</p> <p>11 regarding to how she determined that talcum 11:58:55</p> <p>12 powder usage was a contributing cause to 11:59:00</p> <p>13 Ms. Judkins' ovarian cancer. 11:59:02</p> <p>14 And reading on --</p> <p>15 MS. CURRY: Objection to whatever 11:59:08</p> <p>16 that statement was. 11:59:09</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. -- if we go on to the paragraph 11:59:22</p> <p>19 that begins -- the next paragraph: "The most 11:59:24</p> <p>20 significant risk factors associated with ovarian 11:59:25</p> <p>21 cancer are inherited susceptibility to genes, 11:59:28</p> <p>22 primarily BRCA1, BRCA2, and the mismatched repair 11:59:32</p> <p>23 genes," parenthesis, "associated with Lynch 11:59:39</p> <p>24 syndrome." 11:59:41</p>	<p>1 MS. THOMPSON: Yes, I'm -- 12:00:51</p> <p>2 MS. CURRY: Right. So you're in 12:00:51</p> <p>3 the general -- you're in Dr. Wolf's 12:00:52</p> <p>4 general opinions, and I think what 12:00:55</p> <p>5 Dr. Saenz was referring to, but she can 12:00:58</p> <p>6 obviously correct me if I'm wrong, was 12:00:59</p> <p>7 the case-specific opinions for 12:01:02</p> <p>8 Ms. Judkins starting on page 22. 12:01:04</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. And Dr. Wolf's -- in all fairness, 12:01:06</p> <p>11 Dr. Wolf's general opinions are incorporated into 12:01:09</p> <p>12 her Judkins' case-specific opinions, correct? 12:01:13</p> <p>13 I'm just trying to look at Dr. 12:01:19</p> <p>14 Wolf's report to see where you came to the very 12:01:23</p> <p>15 critical opinion or how you came to the very 12:01:27</p> <p>16 critical opinion that Dr. Wolf's conclusions in 12:01:31</p> <p>17 Ms. Judkins' case were unsound. Okay? 12:01:37</p> <p>18 A. They're unsound because she 12:01:40</p> <p>19 attributes Ms. Judkins' ovarian cancer to the 12:01:42</p> <p>20 perineal application of talc, and there is not a 12:01:45</p> <p>21 significant -- a consistently significant body of 12:01:52</p> <p>22 literature that demonstrates that the perineal 12:01:57</p> <p>23 application of talc increases an individual or 12:02:02</p> <p>24 any woman's risk of developing ovarian cancer. 12:02:05</p>
Page 446	Page 448
<p>1 Do you agree with that statement? 11:59:41</p> <p>2 MS. CURRY: Object to the form. 11:59:43</p> <p>3 THE WITNESS: Right. What does 11:59:45</p> <p>4 this have to do with Ms. Judkins? 11:59:46</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. You offered strong criticism of Dr. 11:59:50</p> <p>7 Wolf and her opinions, and I am trying to find 11:59:54</p> <p>8 where she gives opinions or statements that would 11:59:58</p> <p>9 have prompted you for the strong opinions that 12:00:04</p> <p>10 her opinions are unsound and they're the 12:00:08</p> <p>11 equivalent of a patient that's just looking for 12:00:11</p> <p>12 an explanation and she blames talc. I am looking 12:00:14</p> <p>13 for where you found that. 12:00:19</p> <p>14 MS. CURRY: Object to the form. 12:00:21</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. And if you can point me to 12:00:22</p> <p>17 something else, that's fine. This is the closest 12:00:24</p> <p>18 I could come to what she states regarding the 12:00:26</p> <p>19 issue of how she came to the causation opinion 12:00:31</p> <p>20 that you believe is unsound. 12:00:35</p> <p>21 MS. CURRY: Object to the form. 12:00:37</p> <p>22 And I think in reference to the 12:00:42</p> <p>23 case-specific opinion that Dr. Wolf 12:00:45</p> <p>24 offered for Ms. Judkins, which -- 12:00:48</p>	<p>1 And so to attribute Ms. Judkins' 12:02:08</p> <p>2 ovarian cancer to talc is just wrong. The 12:02:12</p> <p>3 science doesn't support that. 12:02:15</p> <p>4 Q. So you have a different opinion. 12:02:19</p> <p>5 I -- I understand that. But you agree that there 12:02:29</p> <p>6 are many not only physicians but agencies and 12:02:36</p> <p>7 other sources that agree with Dr. Wolf's 12:02:45</p> <p>8 opinions, correct? 12:02:48</p> <p>9 MS. CURRY: Object to the form. 12:02:49</p> <p>10 THE WITNESS: No, that's not 12:02:50</p> <p>11 correct. 12:02:51</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. Does Health Canada agree with Dr. 12:02:54</p> <p>14 Wolf's opinions? 12:02:58</p> <p>15 A. Health Canada relied on an analysis 12:02:59</p> <p>16 that was faulty, and Health Canada has published 12:03:02</p> <p>17 that they do believe that the perineal 12:03:06</p> <p>18 application of talc can cause ovarian cancer. 12:03:09</p> <p>19 However, they can't explain the biologic 12:03:11</p> <p>20 mechanism. They believe that that still remains 12:03:16</p> <p>21 a big question mark. And they also can't explain 12:03:20</p> <p>22 why there's a lack of a biologic gradient. 12:03:24</p> <p>23 But the majority -- 12:03:28</p> <p>24 Q. Right, if you --</p>

<p style="text-align: right;">Page 449</p> <p>1 A. The majority of organizations here 12:03:29</p> <p>2 in the United States, which is where we live and 12:03:32</p> <p>3 practice, do not agree with Dr. Wolf. And the 12:03:35</p> <p>4 state of the science as it is today does not 12:03:38</p> <p>5 agree with Dr. Wolf, and the summary of it is not 12:03:42</p> <p>6 consistent with Dr. Wolf's opinions. 12:03:46</p> <p>7 Q. Since you brought it up, I believe 12:03:47</p> <p>8 what Health Canada states is that it's indicative 12:03:51</p> <p>9 of a causal relationship, correct? 12:03:56</p> <p>10 A. I didn't bring it up. 12:03:59</p> <p>11 MS. CURRY: Object to the form.</p> <p>12 THE WITNESS: You brought it up. 12:04:01</p> <p>13 You said Health Canada agrees with her. 12:04:03</p> <p>14 So I did not bring it up, you brought it 12:04:06</p> <p>15 up.</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. But I just asked the question, does 12:04:09</p> <p>18 Health Canada agree with her? But moving on -- 12:04:11</p> <p>19 we'll move on. 12:04:15</p> <p>20 Do you agree -- so are you saying 12:04:16</p> <p>21 that anyone that would -- let's start with 12:04:18</p> <p>22 association. 12:04:24</p> <p>23 Would you agree that any physician 12:04:25</p> <p>24 or organization that states there's an 12:04:28</p>	<p style="text-align: right;">Page 451</p> <p>1 woman's development of ovarian cancer exercised 12:05:45</p> <p>2 unsound judgment? 12:05:50</p> <p>3 MS. CURRY: Object to the form, 12:05:51</p> <p>4 and general opinion. 12:05:53</p> <p>5 THE WITNESS: I believe that 12:05:56</p> <p>6 anyone that has done as thorough of a 12:05:57</p> <p>7 review as I have and reviewed all of the 12:06:03</p> <p>8 literature published to date and has the 12:06:06</p> <p>9 same grasp of the state of the science 12:06:08</p> <p>10 would come to the same conclusion that I 12:06:10</p> <p>11 have.</p> <p>12 BY MS. THOMPSON: 12:06:13</p> <p>13 Q. And if they did not, their judgment 12:06:13</p> <p>14 would be unsound? 12:06:15</p> <p>15 A. They would be wrong. 12:06:16</p> <p>16 MS. CURRY: Object to the form. 12:06:17</p> <p>17 THE WITNESS: They would be 12:06:20</p> <p>18 wrong. 12:06:20</p> <p>19 BY MS. THOMPSON: 12:06:21</p> <p>20 Q. And if another physician had the 12:06:21</p> <p>21 opinion that -- or agency or organization came to 12:06:28</p> <p>22 the opinion if talc -- that talc -- if -- let me 12:06:38</p> <p>23 start all over on this one. 12:06:42</p> <p>24 If a physician, agency or 12:06:44</p>
<p style="text-align: right;">Page 450</p> <p>1 association between talcum powder use and ovarian 12:04:31</p> <p>2 cancer is wrong? 12:04:34</p> <p>3 MS. CURRY: Object to the form. 12:04:34</p> <p>4 And this was covered in general 12:04:35</p> <p>5 opinions. This is not Judkins' specific 12:04:38</p> <p>6 questions or any -- 12:04:42</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Would you -- is it your opinion 12:04:44</p> <p>9 that any physician who would give that opinion 12:04:47</p> <p>10 that talcum powder could contribute to 12:04:54</p> <p>11 Ms. Judkins' ovarian cancer would be wrong? 12:05:01</p> <p>12 A. Yes.</p> <p>13 Q. Not just that you have different 12:05:05</p> <p>14 opinions. 12:05:07</p> <p>15 A. Not just that I have different 12:05:08</p> <p>16 opinions. If they've actually reviewed all of 12:05:10</p> <p>17 the literature, all of the science as I have, the 12:05:13</p> <p>18 epidemiology, the cell studies, the animal 12:05:17</p> <p>19 studies, they would come to the same conclusion 12:05:21</p> <p>20 that I have. 12:05:23</p> <p>21 Q. And you would agree -- would you 12:05:26</p> <p>22 agree that any physician who did the analysis 12:05:27</p> <p>23 that you did who then concluded that talcum 12:05:35</p> <p>24 powder use could be a contributing factor to a 12:05:41</p>	<p style="text-align: right;">Page 452</p> <p>1 organization determined that if talc contained 12:06:46</p> <p>2 asbestos, it could cause a woman, like 12:06:53</p> <p>3 Ms. Judkins, ovarian cancer, would that opinion 12:06:58</p> <p>4 also be wrong? 12:07:03</p> <p>5 MS. CURRY: Object to the form. 12:07:04</p> <p>6 And it's a general opinion, even though 12:07:05</p> <p>7 the word "Judkins" is in there. 12:07:08</p> <p>8 THE WITNESS: I'm not weighing 12:07:12</p> <p>9 in on the constituents of what's in the 12:07:13</p> <p>10 baby powder. The baby powder literature 12:07:15</p> <p>11 does not support a role for the perineal 12:07:18</p> <p>12 application of talc to increase the 12:07:22</p> <p>13 development of ovarian cancer in 12:07:22</p> <p>14 Ms. Judkins or in anyone. 12:07:24</p> <p>15 And so if -- the answer to your 12:07:27</p> <p>16 question is that the science does not 12:07:31</p> <p>17 support that conclusion. 12:07:34</p> <p>18 BY MS. THOMPSON: 12:07:37</p> <p>19 Q. And I'm looking to your conclusion 12:07:37</p> <p>20 in Ms. Judkins' case, are you aware that NCI, 12:07:40</p> <p>21 CDC, ACS, and FDA all have statements that 12:07:46</p> <p>22 asbestos causes ovarian cancer? 12:07:52</p> <p>23 MS. CURRY: Object to the form. 12:07:54</p> <p>24 And general -- it's a general cause 12:07:56</p>

Page 453			Page 455		
1	opinion again.	12:08:00	1	I say nothing about asbestos in my	12:09:44
2	THE WITNESS: And it's	12:08:01	2	report on Ms. Judkins, and I'm not	12:09:48
3	irrelevant to my opinion.	12:08:02	3	weighing in on that. I'm not giving any	12:09:50
4	BY MS. THOMPSON:	12:08:04	4	opinions with respect to asbestos	12:09:53
5	Q. I don't think you answered my	12:08:04	5	causing Ms. Judkins' ovarian cancer, and	12:09:54
6	question, and I'm reading from Ms. Judkins'	12:08:05	6	whether or not those organizations have	12:09:56
7	report.	12:08:10	7	statements to such an effect have	12:09:58
8	Are you aware that NCI, CDC, ACS,	12:08:11	8	nothing do with Ms. Judkins developing	12:10:01
9	and FDA all have statements -- public statements	12:08:17	9	ovarian cancer.	12:10:04
10	that asbestos causes ovarian cancer?	12:08:22	10	BY MS. THOMPSON:	12:10:04
11	MS. CURRY: Same objection.	12:08:26	11	Q. And the reason is you intentionally	12:10:04
12	THE WITNESS: I see nothing in	12:08:27	12	did not look at any evidence regarding asbestos,	12:10:06
13	my report about asbestos in any of those	12:08:28	13	correct?	
14	organizations on Ms. Judkins. So it's	12:08:31	14	MS. CURRY: Object to the form.	12:10:09
15	irrelevant to my --	12:08:36	15	She has an entire section of asbestos in	12:10:10
16	BY MS. THOMPSON:	12:08:38	16	her general report, which is referred to	12:10:13
17	Q. That's not my question. Let me ask	12:08:38	17	in the end of Ms. Judkins.	12:10:15
18	my question again.	12:08:39	18	MS. THOMPSON: I thought we were	12:10:18
19	A. You can ask it as many times as you	12:08:39	19	talking about Ms. Judkins, and my	12:10:19
20	want. I'm going to stand by my answer. I am	12:08:42	20	question was specifically about Ms.	12:10:21
21	not weighing in --	12:08:45	21	Judkins' report.	12:10:23
22	Q. Okay. I'm going to ask it again.		22	BY MS. THOMPSON:	
23	A. I am not weighing in on asbestos.	12:08:46	23	Q. You intentionally omitted any	12:10:26
24	Q. I want you to listen to my	12:08:48	24	discussion of asbestos exposure in Ms. Judkins'	12:10:28
Page 454			Page 456		
1	question, okay?	12:08:50	1	report, correct?	12:10:33
2	You didn't consider asbestos in	12:08:50	2	MS. CURRY: Object to the form.	12:10:34
3	Ms. Judkins' report, correct?	12:08:53	3	THE WITNESS: The premise of	12:10:34
4	MS. CURRY: Object to the form.	12:08:56	4	Ms. Judkins developing ovarian cancer as	12:10:36
5	THE WITNESS: Correct. And I've	12:08:58	5	put forth by plaintiffs is that it's the	12:10:37
6	answered that before, even in this	12:08:59	6	perineal application of baby powder that	12:10:43
7	deposition.	12:09:01	7	led to her getting ovarian cancer. The	12:10:43
8	BY MS. THOMPSON:	12:09:01	8	constituents of the baby powder are not	12:10:45
9	Q. And you didn't look at the expert	12:09:01	9	important to me, because the baby powder	12:10:50
10	report that measured what her exposure to	12:09:04	10	literature itself does not support an	12:10:52
11	asbestos would be, correct?	12:09:09	11	increased risk of Ms. Judkins developing	12:10:56
12	MS. CURRY: Object to the form,	12:09:12	12	ovarian cancer because she applied baby	12:10:58
13	asked and answered.	12:09:14	13	powder to her perineum.	12:11:01
14	THE WITNESS: I've already	12:09:14	14	BY MS. THOMPSON:	12:11:03
15	answered this question.	12:09:16	15	Q. And with all those things that you	12:11:03
16	BY MS. THOMPSON:	12:09:17	16	looked at, you did not look at the report that	12:11:04
17	Q. Okay. So that's just leading into	12:09:17	17	actually estimates her exposure to asbestos,	12:11:10
18	this question, and that is, are you aware --	12:09:19	18	correct?	12:11:13
19	listen carefully -- that NCI, CDC, ACS, and FDA	12:09:26	19	MS. CURRY: Object to the form,	12:11:13
20	all have made public statements that asbestos	12:09:32	20	asked and answered.	12:11:14
21	cause ovarian cancer?	12:09:35	21	THE WITNESS: I've answered this	12:11:15
22	MS. CURRY: Same objection.	12:09:39	22	question, ma'am, several times.	12:11:16
23	THE WITNESS: This has nothing	12:09:40	23	BY MS. THOMPSON:	12:11:17
24	to do with my opinions on Ms. Judkins.	12:09:42	24	Q. Well, you can answer it again.	12:11:17

<p style="text-align: right;">Page 457</p> <p>1 A. I decline to. 12:11:19</p> <p>2 MS. CURRY: Same objection. 12:11:20</p> <p>3 MS. THOMPSON: Are you 12:11:25</p> <p>4 instructing her not to answer? 12:11:25</p> <p>5 MS. CURRY: I'm not instructing 12:11:27</p> <p>6 her not to answer. I'm just objecting 12:11:28</p> <p>7 that it's been asked and answered.</p> <p>8 BY MS. THOMPSON: 12:11:30</p> <p>9 Q. So you're refusing to answer the 12:11:30</p> <p>10 question -- 12:11:31</p> <p>11 A. I've answered it already. 12:11:32</p> <p>12 Q. -- that I just asked? 12:11:34</p> <p>13 A. I've answered it already. We can 12:11:35</p> <p>14 have Leslie read it back into the record if you 12:11:36</p> <p>15 like, but I've answered it multiple times. 12:11:38</p> <p>16 Q. Okay, let's do that. 12:11:39</p> <p>17 MS. THOMPSON: Leslie, read back 12:11:40</p> <p>18 the last -- the answer to the last 12:11:41</p> <p>19 question. 12:11:43</p> <p>20 (Whereupon, the requested 12:11:43</p> <p>21 record was read.)</p> <p>22 MS. THOMPSON: And the answer 12:12:11</p> <p>23 was? 12:12:12</p> <p>24 THE REPORTER: "I've answered it</p>	<p style="text-align: right;">Page 459</p> <p>1 MS. THOMPSON: Dawn, we're going 12:23:12</p> <p>2 to start with Ms. Rausa's next if we can 12:23:13</p> <p>3 get the records for her. 12:23:16</p> <p>4 (Exhibit No. 39 was marked for</p> <p>5 identification.)</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. Dr. Saenz, would you please provide 12:25:52</p> <p>8 me with the methodology that you used in writing 12:25:54</p> <p>9 your case-specific report on Ms. Rausa and coming 12:26:00</p> <p>10 to the conclusions that you include in it. 12:26:04</p> <p>11 A. It's very similar to the 12:26:09</p> <p>12 methodology that I described for Ms. Judkins. I 12:26:10</p> <p>13 read all of the medical literature -- sorry, not 12:26:15</p> <p>14 medical literature -- scientific literature on 12:26:19</p> <p>15 talc and the risk of ovarian cancer that has been 12:26:22</p> <p>16 discussed previously, the cell culture studies, 12:26:24</p> <p>17 the animal studies, the epidemiology studies. I 12:26:28</p> <p>18 reviewed the medical records for Ms. Rausa. I 12:26:32</p> <p>19 reviewed the depositions for Ms. Rausa and some 12:26:35</p> <p>20 of her treating physicians as well as 12:26:40</p> <p>21 Dr. Clarke-Pearson and his reports as well, and 12:26:42</p> <p>22 all of the medical records that have been 12:26:47</p> <p>23 provided to me on her. 12:26:51</p> <p>24 There are a couple of things that 12:26:53</p>
<p style="text-align: right;">Page 458</p> <p>1 already."</p> <p>2 BY MS. THOMPSON: 12:12:23</p> <p>3 Q. Okay. What was the answer? It was 12:12:23</p> <p>4 yes or no, right? And you can't -- don't want to 12:12:24</p> <p>5 answer that again? 12:12:27</p> <p>6 A. Ma'am, I've told you -- 12:12:27</p> <p>7 Q. Because I don't think there's a 12:12:30</p> <p>8 clear answer. 12:12:31</p> <p>9 MS. CURRY: Object to the form. 12:12:31</p> <p>10 THE WITNESS: I did not read 12:12:32</p> <p>11 Dr. Longo's report. Is that clear? 12:12:33</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. Yes. And I was also asking the 12:12:37</p> <p>14 reason. 12:12:40</p> <p>15 A. And I've also -- 12:12:42</p> <p>16 MS. CURRY: Object to the form, 12:12:43</p> <p>17 asked and answered. 12:12:44</p> <p>18 THE WITNESS: -- already 12:12:44</p> <p>19 answered you that it was not relevant to 12:12:45</p> <p>20 my opinions. 12:12:47</p> <p>21 MS. THOMPSON: Okay, thank you. 12:12:48</p> <p>22 We can take a break if we want. 12:12:50</p> <p>23 That's all I have on Ms. Judkins. 12:12:51</p> <p>24 (Recess.)</p>	<p style="text-align: right;">Page 460</p> <p>1 aren't listed here. Dr. Clarke-Pearson's most 12:27:00</p> <p>2 updated expert report dated May 28th I also read, 12:27:04</p> <p>3 and that's not listed here. And then there was 12:27:07</p> <p>4 actually even another group of Ms. Rausa's 12:27:09</p> <p>5 medical records that were more recently provided 12:27:14</p> <p>6 to me that included a clinic visit, as I think 12:27:17</p> <p>7 the last clinic visit that I saw any records for 12:27:27</p> <p>8 her were from January 4th of 2024. And so I 12:27:31</p> <p>9 don't know that that bundle is listed on this 12:27:36</p> <p>10 list because I received that after my report was 12:27:39</p> <p>11 submitted. 12:27:42</p> <p>12 Q. Okay. Thank you. 12:27:44</p> <p>13 And you agree that Ms. Rausa was 12:27:46</p> <p>14 diagnosed with a high grade serous ovarian 12:27:52</p> <p>15 cancer, stage 3, in June 13th, 2018, at age 63, 12:27:56</p> <p>16 correct?</p> <p>17 A. Yes. 12:28:07</p> <p>18 Q. And again, I'll be asking some of 12:28:11</p> <p>19 the same questions just so we have a record 12:28:13</p> <p>20 regarding Ms. Rausa, but I'll try to be 12:28:16</p> <p>21 efficient, okay? 12:28:19</p> <p>22 A. I'm -- yeah, I'm sorry. Did you 12:28:20</p> <p>23 say 2023? Did I mishear you, Margaret? I'm so 12:28:22</p> <p>24 sorry. June 13th, 2018, correct? 12:28:26</p>

Page 461	Page 463
<p>1 Q. 2018. 12:28:29</p> <p>2 A. At age 63. My bad. I'm sorry. 12:28:30</p> <p>3 Yeah, that was me. 12:28:32</p> <p>4 Q. Is ovarian cancer considered a 12:28:36</p> <p>5 multifactorial disease? 12:28:39</p> <p>6 MS. CURRY: Object to the form, 12:28:40</p> <p>7 asked and answered. 12:28:41</p> <p>8 THE WITNESS: Yes, it is. 12:28:42</p> <p>9 BY MS. THOMPSON: 12:28:42</p> <p>10 Q. Well, okay. Let's say this: When 12:28:43</p> <p>11 you wrote Ms. Rausa's case-specific report, did 12:28:50</p> <p>12 you consider that ovarian cancer is considered a 12:28:59</p> <p>13 multifactorial disease? 12:29:02</p> <p>14 A. Yes, I did. 12:29:03</p> <p>15 Q. And I think as you testified 12:29:05</p> <p>16 before, an individual woman can have one or more 12:29:10</p> <p>17 risk factors or zero risk factors, correct? 12:29:15</p> <p>18 A. And still develop the disease? 12:29:19</p> <p>19 MS. CURRY: Object to the form. 12:29:22</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Yes. 12:29:23</p> <p>22 A. Yes. And she can have risk 12:29:24</p> <p>23 reducing factors and still develop the disease. 12:29:26</p> <p>24 Q. Correct. And is it your opinion 12:29:30</p>	<p>1 ovarian cancer in general, correct? 12:30:43</p> <p>2 MS. CURRY: Object to the form, 12:30:48</p> <p>3 asked and answered. 12:30:48</p> <p>4 THE WITNESS: I don't believe we 12:30:49</p> <p>5 can ever say exactly what causes ovarian 12:30:51</p> <p>6 cancer in any one particular patient, 12:30:52</p> <p>7 and I believe what I said before was 12:30:54</p> <p>8 that the exact mechanisms by which 12:30:57</p> <p>9 ovarian cancer develops remain to date 12:31:03</p> <p>10 undiscovered. We just know of risk 12:31:09</p> <p>11 factors that can increase or decrease 12:31:11</p> <p>12 your risk. 12:31:13</p> <p>13 Leigh, is that you that's 12:31:16</p> <p>14 like -- I don't know, somebody's picture 12:31:17</p> <p>15 keeps coming in the iPad and I lose 12:31:20</p> <p>16 Margaret. 12:31:23</p> <p>17 MS. THOMPSON: Like I did 12:31:23</p> <p>18 yesterday distracting you. 12:31:25</p> <p>19 THE WITNESS: You guys are 12:31:26</p> <p>20 trying to ghost me or something. 12:31:27</p> <p>21 MS. CURRY: I think if everyone 12:31:29</p> <p>22 is on mute, then that won't happen. 12:31:30</p> <p>23 Because as the iPad here, as soon as it 12:31:33</p> <p>24 hears any noise on the Zoom, it flips to 12:31:34</p>
Page 462	Page 464
<p>1 that a woman like Ms. Rausa who has multiple risk 12:29:37</p> <p>2 factors, can these risk factors be additive or 12:29:46</p> <p>3 cumulative? 12:29:49</p> <p>4 MS. CURRY: Object to the form. 12:29:50</p> <p>5 THE WITNESS: I don't believe 12:29:52</p> <p>6 that we have any data or literature to 12:29:52</p> <p>7 support that concept. 12:29:56</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And would that be similar to the 12:29:57</p> <p>10 opinions that you gave in Ms. Judkins that you 12:30:02</p> <p>11 either get it or you don't, it's zero or a 12:30:05</p> <p>12 hundred percent, correct? 12:30:09</p> <p>13 MS. CURRY: Object to the form. 12:30:10</p> <p>14 THE WITNESS: Yes, ma'am. 12:30:11</p> <p>15 BY MS. THOMPSON: 12:30:11</p> <p>16 Q. So I can refer to Ms. Judkins -- 12:30:12</p> <p>17 the testimony of Ms. Judkins for your opinions in 12:30:18</p> <p>18 that regard, correct? 12:30:20</p> <p>19 A. Yes, ma'am. 12:30:22</p> <p>20 Q. I'm trying to shorten the process 12:30:25</p> <p>21 here. 12:30:26</p> <p>22 A. I appreciate that, Ms. Thompson. 12:30:27</p> <p>23 Q. And as you testified before, you do 12:30:30</p> <p>24 not know what causes ovarian cancer -- just 12:30:36</p>	<p>1 that person. 12:31:37</p> <p>2 THE WITNESS: I don't know if 12:31:39</p> <p>3 that was Leigh or Leanna. You both have 12:31:40</p> <p>4 similar Zoom pictures. 12:31:42</p> <p>5 BY MS. THOMPSON: 12:31:44</p> <p>6 Q. And going to the conclusion in 12:31:45</p> <p>7 Ms. Rausa's expert report -- 12:31:51</p> <p>8 A. Yes, ma'am, I'm there. 12:31:55</p> <p>9 Q. Are you there, last page? 12:31:57</p> <p>10 A. Yes, ma'am. 12:31:57</p> <p>11 Q. You state: "While Ms. Rausa states 12:31:58</p> <p>12 that she used baby powder daily from 1968 to 2018 12:32:01</p> <p>13 for hygiene purposes, there's no credible 12:32:05</p> <p>14 scientific data to support the conclusion that 12:32:08</p> <p>15 talc contributed to her development of ovarian 12:32:12</p> <p>16 cancer." 12:32:16</p> <p>17 Did I read that correctly? 12:32:17</p> <p>18 A. Yes, ma'am. 12:32:18</p> <p>19 Q. And is that a correct statement of 12:32:19</p> <p>20 your opinions regarding Ms. Rausa? 12:32:21</p> <p>21 A. That is my opinion. 12:32:23</p> <p>22 Q. And any answers to questions 12:32:33</p> <p>23 regarding that statement in Ms. Rausa's case 12:32:35</p> <p>24 would be the same as they were in Ms. Judkins' 12:32:38</p>

Page 465			Page 467		
1	case?	12:32:40	1	protective factors.	12:35:13
2	MS. CURRY: Object to the form.	12:32:41	2	MS. CURRY: I think you said	12:35:15
3	THE WITNESS: Yes, ma'am.	12:32:42	3	breastfeeding, but I don't know if	12:35:17
4	BY MS. THOMPSON:		4	she --	
5	Q. And you did understand that	12:32:47	5	THE WITNESS: Oh, I'm sorry.	12:35:18
6	question?	12:32:48	6	Not breastfeeding. She didn't -- yeah,	12:35:19
7	A. Yes, I did.	12:32:49	7	she didn't breastfeed. Sorry.	12:35:20
8	Q. Because I believe there might be	12:32:49	8	BY MS. THOMPSON:	12:35:23
9	some more similar to that that we can refer to.	12:32:53	9	Q. Is it your opinion that the number	12:35:26
10	And let's go to other risk factors	12:32:57	10	of lifetime ovulatory events from what we can	12:35:28
11	that Ms. Rausa may have had.	12:33:11	11	glean from her medical records would have	12:35:37
12	Did you identify any other risk	12:33:21	12	increased her risk?	12:35:39
13	factors in Ms. Rausa's case?	12:33:25	13	MS. CURRY: Object to the form,	12:35:43
14	MS. CURRY: Object to the form.	12:33:27	14	asked and answered -- or answered.	12:35:44
15	THE WITNESS: Well, her age, and	12:33:33	15	THE WITNESS: I think it's	12:35:45
16	I think that her number of ovulatory	12:33:36	16	vague. I wouldn't really put any	12:35:47
17	years is a little bit vague, because	12:33:40	17	significant emphasis on that at all,	12:35:50
18	even though she reported onset of menses	12:33:43	18	because there's places in the records	12:35:52
19	at age 11, which is a little bit young,	12:33:47	19	that say that she went through menopause	12:35:54
20	oftentimes it's cited as less than 12,	12:33:50	20	at age 48, and so that would not have	12:35:56
21	her menopause -- the age of her	12:33:53	21	been an increased number of lifetime	12:36:03
22	menopause varies in the medical records,	12:33:57	22	ovulatory years if she actually went	12:36:06
23	sometimes it says 48, sometimes it says	12:33:59	23	through menopause at 48.	12:36:09
24	56. So if it was 48, I don't actually	12:34:02	24	BY MS. THOMPSON:	12:36:10
Page 466			Page 468		
1	think she had an increased number of	12:34:05	1	Q. And so were there any factors that	12:36:10
2	lifetime ovulatory years if it was 48.	12:34:07	2	you ruled in as causes for Ms. Rausa's	12:36:14
3	If it was 56, then she probably did have	12:34:11	3	development of ovarian cancer?	12:36:21
4	more lifetime ovulatory years than that	12:34:15	4	MS. CURRY: Object to the form.	12:36:22
5	would have been associated with an	12:34:17	5	THE WITNESS: So I would not say	12:36:24
6	increased risk of developing ovarian	12:34:18	6	anything -- I can't say that anything in	12:36:26
7	cancer.	12:34:20	7	particular caused Ms. Rausa to get	12:36:29
8	She did not breastfeed. She	12:34:21	8	ovarian cancer. I think the only factor	12:36:32
9	only used oral contraceptives for two	12:34:24	9	that would have increased her risk of	12:36:35
10	months. She did not use hormone	12:34:27	10	developing ovarian cancer would have	12:36:41
11	replacement therapy. And she had two	12:34:30	11	been her age.	12:36:42
12	children, which -- and the first was at	12:34:33	12	BY MS. THOMPSON:	
13	age 30. So that has been associated	12:34:37	13	Q. And I suspect you had an opinion	12:36:46
14	with a decreased risk of developing	12:34:39	14	about obesity too that we can look to, or do you	12:36:49
15	ovarian cancer.	12:34:42	15	not?	12:36:54
16	And she also had a tubal	12:34:42	16	A. We can talk about it here or we can	12:36:54
17	ligation, I believe in 1988 is what I	12:34:45	17	talk about it there. It's up to you.	12:36:56
18	found in the records. And so that would	12:34:49	18	Q. Let's go on with this line of	12:37:00
19	have been attributed to leading to a	12:34:59	19	questioning, and we can look at it when we get to	12:37:02
20	decreased risk of developing ovarian	12:35:01	20	the ACOG and SGO.	12:37:04
21	cancer. However, she did develop	12:35:03	21	And you did rule out talc as a	12:37:11
22	ovarian cancer. So clearly the	12:35:06	22	potential cause, correct?	12:37:13
23	breastfeeding, the early first child,	12:35:08	23	A. That's correct.	12:37:15
24	and the tubal ligation were not	12:35:11	24	Q. And you ruled out talc as a	12:37:15

Page 469	Page 471
<p>1 contributing cause, correct? 12:37:18</p> <p>2 A. That's also correct. 12:37:19</p> <p>3 Q. And did you rule out any other 12:37:27</p> <p>4 potential causes in Ms. Rausa's evaluation? 12:37:28</p> <p>5 MS. CURRY: Object to the form. 12:37:31</p> <p>6 THE WITNESS: So again, I would 12:37:36</p> <p>7 not use the word "cause" at all in any 12:37:37</p> <p>8 one particular patient. 12:37:39</p> <p>9 I think that we don't have any 12:37:40</p> <p>10 evidence that Ms. Rausa had any germline 12:37:44</p> <p>11 mutations that would have increased her 12:37:50</p> <p>12 risk of developing ovarian cancer. So I 12:37:52</p> <p>13 don't think she has that as a risk 12:37:56</p> <p>14 factor. 12:38:00</p> <p>15 BY MS. THOMPSON: 12:38:00</p> <p>16 Q. And would your answer be the same 12:38:01</p> <p>17 for any contributing -- any contributing causes? 12:38:04</p> <p>18 A. Again, I wouldn't use the word 12:38:08</p> <p>19 "cause" at all. I don't think that there's any 12:38:10</p> <p>20 evidence that she's carrying a germline mutation 12:38:13</p> <p>21 that would have placed her at an increased risk 12:38:16</p> <p>22 of developing ovarian cancer. 12:38:19</p> <p>23 Q. And I believe you state in your 12:38:20</p> <p>24 Rausa report that she denies any specific cancer 12:38:27</p>	<p>1 Q. Did you calculate the number of 12:39:51</p> <p>2 lifetime applications of talcum powder by 12:39:53</p> <p>3 Ms. Rausa? 12:40:00</p> <p>4 A. I did not. 12:40:01</p> <p>5 Q. If you were to calculate the number 12:40:07</p> <p>6 of lifetime applications, would her tubal 12:40:11</p> <p>7 ligation in 1988 enter into that calculation? 12:40:16</p> <p>8 A. No, it would not. 12:40:21</p> <p>9 Q. So if she used talcum powder daily 12:40:28</p> <p>10 for 50 years, I get 18,250 applications. Does 12:40:30</p> <p>11 that sound right? 12:40:37</p> <p>12 A. Did you use a calculator? 12:40:38</p> <p>13 Q. Yes. 12:40:40</p> <p>14 A. Then I will believe you. 12:40:41</p> <p>15 Q. You're a smart woman. 12:40:44</p> <p>16 And let's go back to the materials 12:40:55</p> <p>17 you considered in Ms. Rausa's case, which are 12:40:56</p> <p>18 similar to those in Ms. Judkins' case, would you 12:41:06</p> <p>19 agree? 12:41:09</p> <p>20 MS. CURRY: Object to the form. 12:41:09</p> <p>21 THE WITNESS: Well, I mean the 12:41:10</p> <p>22 depo -- the -- what do you mean by the 12:41:12</p> <p>23 categories? 12:41:15</p> <p>24 BY MS. THOMPSON: 12:41:15</p>
Page 470	Page 472
<p>1 family history. Is that your understanding? 12:38:32</p> <p>2 A. Yes, correct. 12:38:34</p> <p>3 Q. And Ms. Rausa, from your review of 12:38:53</p> <p>4 deposition testimony, began using Johnson's baby 12:38:56</p> <p>5 powder in 1968 at age 13, correct? 12:38:59</p> <p>6 A. That's correct. 12:39:02</p> <p>7 Q. And she used it at least daily all 12:39:04</p> <p>8 over her body and including the genital area, 12:39:07</p> <p>9 correct?</p> <p>10 A. That's what she reports. 12:39:11</p> <p>11 Q. And she also reports that over the 12:39:14</p> <p>12 50 years -- and she discontinued its usage in 12:39:16</p> <p>13 2018, correct? 12:39:22</p> <p>14 A. I believe that's correct. 12:39:23</p> <p>15 Q. And that was the time that she was 12:39:25</p> <p>16 diagnosed with ovarian cancer, correct? 12:39:28</p> <p>17 A. I mean, I don't know that they were 12:39:31</p> <p>18 the same day, but same year, yes. 12:39:32</p> <p>19 Q. Approximately. 12:39:35</p> <p>20 And do you recall that she, over 12:39:36</p> <p>21 that 50 years, used two bottles of Shower to 12:39:40</p> <p>22 Shower?</p> <p>23 A. I don't recall that specifically, 12:39:46</p> <p>24 but I will take you at face value. 12:39:47</p>	<p>1 Q. Yeah, by the categories: 12:41:16</p> <p>2 Depositions, expert reports and medical records. 12:41:19</p> <p>3 A. By the category, yes. 12:41:20</p> <p>4 Q. And Ms. Rausa -- 12:41:22</p> <p>5 A. Sorry, by the categories, yes. 12:41:25</p> <p>6 Q. Okay. And Ms. Rausa did have 12:41:27</p> <p>7 extensive medical records, would you agree? 12:41:29</p> <p>8 MS. CURRY: Object to the form. 12:41:32</p> <p>9 THE WITNESS: Yes. 12:41:34</p> <p>10 BY MS. THOMPSON: 12:41:35</p> <p>11 Q. I would guess thousands of pages, 12:41:39</p> <p>12 correct?</p> <p>13 A. Fortunately, I reviewed many of 12:41:43</p> <p>14 these prior in 2022, so this go-around was less 12:41:45</p> <p>15 voluminous, but there were a lot of records, yes. 12:41:51</p> <p>16 Q. And I'm going to ask the same 12:42:05</p> <p>17 questions that I asked for Ms. Judkins, okay? 12:42:06</p> <p>18 A. Of course. 12:42:08</p> <p>19 Q. So can you envision any case in 12:42:10</p> <p>20 this litigation, including Ms. Rausa's, in which 12:42:15</p> <p>21 you would determine that a plaintiff's talcum 12:42:18</p> <p>22 powder use could possibly have contributed to the 12:42:22</p> <p>23 development of her ovarian cancer? 12:42:24</p> <p>24 MS. CURRY: Objection. Asked 12:42:26</p>

Page 473	Page 475
<p>1 and answered. 12:42:28</p> <p>2 THE WITNESS: Not based on the 12:42:29</p> <p>3 current state of the science. 12:42:30</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. And you would agree that Ms. Rausa 12:42:33</p> <p>6 was a frequent user at daily use? 12:42:38</p> <p>7 A. I mean, I know -- 12:42:44</p> <p>8 MS. CURRY: Object to the form. 12:42:46</p> <p>9 Sorry.</p> <p>10 THE WITNESS: I know how many 12:42:47</p> <p>11 years she used for, and I know that she 12:42:48</p> <p>12 said she used daily, so -- and your 12:42:51</p> <p>13 tabulations bring her in around 18,000 12:42:54</p> <p>14 applications total. 12:42:57</p> <p>15 BY MS. THOMPSON: 12:42:58</p> <p>16 Q. And do you agree that she used 12:42:58</p> <p>17 talcum powder daily in the genital area in her 12:43:02</p> <p>18 20s and 30s when O'Brien and colleagues would 12:43:06</p> <p>19 have stated -- or did state it was a critical 12:43:12</p> <p>20 time for use? 12:43:14</p> <p>21 MS. CURRY: Object to the form. 12:43:14</p> <p>22 THE WITNESS: That's what that 12:43:15</p> <p>23 paper said, and her records show that 12:43:16</p> <p>24 she started using in that age range -- 12:43:19</p>	<p>1 Q. Yes, for her as an individual. 12:44:49</p> <p>2 A. So the literature on obesity has 12:44:52</p> <p>3 demonstrated a weak overall association with the 12:44:56</p> <p>4 development of ovarian cancer in the range of 1.3 12:45:00</p> <p>5 to 1.4, but for the non-serous histologies only. 12:45:05</p> <p>6 So since Ms. Rausa had a high grade 12:45:12</p> <p>7 serous carcinoma, I don't believe that obesity 12:45:17</p> <p>8 has been shown to be associated with that 12:45:22</p> <p>9 particular histology. 12:45:25</p> <p>10 Q. And would you agree that the 12:45:27</p> <p>11 literature on obesity is mixed? 12:45:35</p> <p>12 MS. CURRY: Object to the form. 12:45:40</p> <p>13 THE WITNESS: Can you define for 12:45:41</p> <p>14 me what you mean by "mixed"? 12:45:42</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. Well, one would be difference in 12:45:45</p> <p>17 subtypes, correct? 12:45:53</p> <p>18 A. That's correct. Not all subtypes 12:45:54</p> <p>19 seem to have an increased risk with obesity, that 12:45:56</p> <p>20 is correct. 12:46:03</p> <p>21 Q. And I believe you referred to the 12:46:03</p> <p>22 Olson paper in Ms. Rausa's report, correct? 12:46:09</p> <p>23 MS. CURRY: Object to the form. 12:46:11</p> <p>24 THE WITNESS: I don't know that 12:46:12</p>
Page 474	Page 476
<p>1 actually, younger, right? 12:43:22</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. And if you cannot envision a case 12:43:26</p> <p>4 in which you would have reviewed medical records, 12:43:40</p> <p>5 deposition testimony, and expert reports that you 12:43:45</p> <p>6 would have concluded that the talcum powder use 12:43:48</p> <p>7 contributed to a plaintiff like Ms. Rausa's 12:43:50</p> <p>8 ovarian cancer, why did you review all of the 12:43:55</p> <p>9 documents, if your mind was already made up? 12:44:01</p> <p>10 MS. CURRY: Object to the form. 12:44:05</p> <p>11 THE WITNESS: So I was asked to 12:44:07</p> <p>12 review Ms. Rausa's medical history and 12:44:09</p> <p>13 her records and depositions in order to 12:44:12</p> <p>14 get a good and thorough understanding of 12:44:16</p> <p>15 her disease process, and perhaps any 12:44:20</p> <p>16 risk factors for the development of 12:44:27</p> <p>17 disease that she did have, and in order 12:44:28</p> <p>18 to give those opinions, I needed to 12:44:30</p> <p>19 review all of those materials. 12:44:32</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Do you consider Ms. Rausa's obesity 12:44:38</p> <p>22 a risk factor for the development of her ovarian 12:44:40</p> <p>23 cancer? 12:44:43</p> <p>24 A. For her as an individual? 12:44:43</p>	<p>1 I did that. I might have done that in 12:46:12</p> <p>2 my general report. 12:46:15</p> <p>3 BY MS. THOMPSON: 12:46:16</p> <p>4 Q. I thought it was on your reliance 12:46:16</p> <p>5 list, but I could be wrong, so -- 12:46:19</p> <p>6 A. I don't see that in here. 12:46:25</p> <p>7 MS. CURRY: Object to the form. 12:46:26</p> <p>8 There's no literature on the Rausa -- 12:46:27</p> <p>9 MS. THOMPSON: Okay. I think I 12:46:30</p> <p>10 may be confused with Newsome. We'll get 12:46:31</p> <p>11 to that if we need to with Newsome. 12:46:34</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. And looking at the ACOG risk factor 12:46:39</p> <p>14 list, if we can go to Exhibit No. 10. 12:46:52</p> <p>15 A. Sure. Just give me a second. 12:46:55</p> <p>16 Okay, I have it, Margaret. 12:47:05</p> <p>17 Q. And other than age that we've 12:47:07</p> <p>18 discussed, is there any other risk factors on the 12:47:10</p> <p>19 ACOG list that you believe are relevant to 12:47:15</p> <p>20 Ms. Rausa? 12:47:21</p> <p>21 A. I do not believe so. 12:47:22</p> <p>22 Q. Let's go ahead and look at the SGO 12:47:25</p> <p>23 risk factor list. Are there any risk factors on 12:47:31</p> <p>24 the SGO risk factor list that you believe are 12:47:43</p>

Page 477	Page 479
<p>1 relevant for Ms. Rausa? 12:47:45</p> <p>2 A. So I mean -- sorry, we're on SGO. 12:47:47</p> <p>3 SGO does list obesity, but for part of the reason 12:47:56</p> <p>4 that I explained to you before, I don't think 12:47:59</p> <p>5 that necessarily pertains to Ms. Rausa because of 12:48:02</p> <p>6 her histology. And so -- yeah. 12:48:05</p> <p>7 And then we also mentioned before 12:48:11</p> <p>8 that she had a tubal ligation, but obviously it 12:48:16</p> <p>9 didn't confer any protective risk because it's 12:48:20</p> <p>10 that zero/100, I mean she got the disease. 12:48:24</p> <p>11 Q. Understood. And she had full panel 12:48:27</p> <p>12 testing, correct? 12:48:34</p> <p>13 MS. CURRY: Object to the form. 12:48:35</p> <p>14 THE WITNESS: Her -- 12:48:36</p> <p>15 BY MS. THOMPSON: 12:48:39</p> <p>16 Q. I believe she had genetic testing 12:48:40</p> <p>17 with -- I don't want to get her confused either. 12:48:42</p> <p>18 I don't see it in either of our 12:49:26</p> <p>19 materials. 12:49:28</p> <p>20 Okay, we got it. 12:50:02</p> <p>21 In your report, Dr. Saenz, in the 12:50:03</p> <p>22 section regarding clinical cancer genetics -- 12:50:10</p> <p>23 Do you see that?</p> <p>24 A. Yes, ma'am, I'm there. 12:50:15</p>	<p>1 would say it is. But my analysis is based on 12:51:37</p> <p>2 looking at the actual studies and the individual 12:51:40</p> <p>3 histotypes and whether or not they show an 12:51:44</p> <p>4 increased risk with obesity, and I do not believe 12:51:49</p> <p>5 they do for high grade serous, not consistently. 12:51:51</p> <p>6 Q. And you agree that SGO does not 12:51:54</p> <p>7 list age as a risk factor, correct? 12:51:58</p> <p>8 A. Actually, they do. It's -- 12:52:01</p> <p>9 Q. Am I missing it? 12:52:15</p> <p>10 A. Yeah, I think you just missed it, 12:52:16</p> <p>11 Margaret. It's four dots or five dots from the 12:52:19</p> <p>12 bottom: "Women are at an increased risk for 12:52:22</p> <p>13 ovarian cancer as they age." 12:52:25</p> <p>14 Q. You are correct. 12:52:26</p> <p>15 And of the four conditions that you 12:52:56</p> <p>16 do describe a positive association but do not 12:53:03</p> <p>17 attribute a causal role, those being incessant 12:53:11</p> <p>18 ovulation, germline mutations, incessant 12:53:14</p> <p>19 ovulation, hormone replacement, without going 12:53:16</p> <p>20 through each of those individually, is it your 12:53:19</p> <p>21 opinion that Ms. Rausa has any of those risk 12:53:22</p> <p>22 factors? 12:53:33</p> <p>23 A. I'm sorry, Margaret, where are we? 12:53:33</p> <p>24 Q. It may be that you did not include 12:54:03</p>
Page 478	Page 480
<p>1 Q. She was found to be negative for 12:50:17</p> <p>2 germline mutation in 45 of the 46 genes tested, 12:50:20</p> <p>3 but had a variant of uncertain significance in 12:50:25</p> <p>4 the FH gene. 12:50:28</p> <p>5 Is the FH gene associated with 12:50:31</p> <p>6 ovarian cancer risk? 12:50:35</p> <p>7 A. Not that I'm aware of. 12:50:36</p> <p>8 Q. And so let's go back now to the SGO 12:50:41</p> <p>9 list of risk factors. 12:50:46</p> <p>10 Did Ms. Rausa use hormone 12:50:50</p> <p>11 replacement? 12:50:54</p> <p>12 A. No. 12:50:55</p> <p>13 Q. So the question as to whether it 12:51:00</p> <p>14 was opposed or unopposed is irrelevant in 12:51:02</p> <p>15 Ms. Rausa's case, correct? 12:51:05</p> <p>16 A. She didn't use it. 12:51:07</p> <p>17 Q. Yeah. Did she have any evidence of 12:51:08</p> <p>18 endometriosis? 12:51:11</p> <p>19 A. Not that I'm aware of. 12:51:11</p> <p>20 Q. So similar to the ACOG list, would 12:51:19</p> <p>21 you agree that using SGO's list, she did not have 12:51:23</p> <p>22 any risk factors other than age? 12:51:28</p> <p>23 A. I mean, I would not consider 12:51:32</p> <p>24 obesity a risk in her. I don't know what SGO 12:51:34</p>	<p>1 those in Ms. Rausa's report. 12:54:05</p> <p>2 Could I assume that any answer to 12:54:08</p> <p>3 those questions about the associations that were 12:54:11</p> <p>4 not causal would be the same as in Ms. Judkins' 12:54:14</p> <p>5 case? 12:54:17</p> <p>6 MS. CURRY: Object to the form. 12:54:17</p> <p>7 THE WITNESS: Can you -- can we 12:54:18</p> <p>8 take them one at a time, please, so I 12:54:19</p> <p>9 can just make sure I understand what I'm 12:54:21</p> <p>10 answering? 12:54:23</p> <p>11 BY MS. THOMPSON: 12:54:24</p> <p>12 Q. Yeah, we sure can. 12:54:24</p> <p>13 These were positive associations 12:54:26</p> <p>14 that do not have a causal role, and it was 12:54:29</p> <p>15 incessant ovulation. 12:54:35</p> <p>16 A. I, again, would not use the word 12:54:39</p> <p>17 "causal" at all in any one individual patient. 12:54:42</p> <p>18 And I don't think that Ms. Rausa 12:54:45</p> <p>19 had incessant ovulation for the reasons that we 12:54:49</p> <p>20 talked about before, which included the fact that 12:54:52</p> <p>21 she had two children, the first being at age 30. 12:54:55</p> <p>22 Q. And she does not have germline 12:55:03</p> <p>23 mutations. 12:55:05</p> <p>24 A. Well, she had -- 12:55:06</p>

Page 481	Page 483
<p>1 MS. CURRY: Object to the form. 12:55:07</p> <p>2 THE WITNESS: She -- 12:55:08</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. That had been found to be 12:55:09</p> <p>5 associated with ovarian cancer. Sorry. 12:55:11</p> <p>6 A. Right. So she -- she had no 12:55:12</p> <p>7 germline mutations in 45 genes. She has one 12:55:14</p> <p>8 germline mutation that's a VUS that we don't 12:55:17</p> <p>9 think is associated with an increased risk of 12:55:20</p> <p>10 ovarian cancer. 12:55:24</p> <p>11 Q. And incessant ovulation we are not 12:55:27</p> <p>12 attributing to Ms. Rausa. 12:55:35</p> <p>13 MS. CURRY: Objection. Asked 12:55:36</p> <p>14 and answered. 12:55:38</p> <p>15 THE WITNESS: We just covered 12:55:38</p> <p>16 that before we did germline mutation. 12:55:39</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. We did. I was just kind of going 12:55:41</p> <p>19 through the list that you provided. 12:55:43</p> <p>20 And hormone replacement, we've also 12:55:45</p> <p>21 established that she did not use any hormone 12:55:49</p> <p>22 replacement; is that correct? 12:55:53</p> <p>23 A. That's correct. 12:55:54</p> <p>24 Q. Okay. Let's go to Dr. Godleski's 12:56:08</p>	<p>1 talc particles were identified in an anatomic 12:57:49</p> <p>2 site where there was not ovarian cancer, that the 12:57:56</p> <p>3 findings are not relevant? 12:58:00</p> <p>4 MS. CURRY: Object to the form. 12:58:02</p> <p>5 THE WITNESS: It's my opinion 12:58:03</p> <p>6 that the talc being found in anatomic 12:58:04</p> <p>7 sites that did not actually have cancer 12:58:09</p> <p>8 in them, that they are not related to 12:58:12</p> <p>9 the development of the cancer. 12:58:15</p> <p>10 BY MS. THOMPSON: 12:58:17</p> <p>11 Q. And you did not review any of the 12:58:21</p> <p>12 six peer-reviewed articles published by 12:58:24</p> <p>13 Dr. Godleski and his group as to what the 12:58:26</p> <p>14 significance is of finding talc particles in 12:58:31</p> <p>15 structures even that are not in the ovarian 12:58:35</p> <p>16 cancer cells? 12:58:42</p> <p>17 MS. CURRY: Objection. Asked 12:58:43</p> <p>18 and answered. 12:58:44</p> <p>19 THE WITNESS: That actually 12:58:44</p> <p>20 misstates my prior testimony. If we 12:58:45</p> <p>21 go --</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. Okay. Then let's get it correct 12:58:47</p> <p>24 for Ms. Rausa's case. 12:58:49</p>
Page 482	Page 484
<p>1 report on Ms. Rausa. 12:56:11</p> <p>2 A. I have it. 12:56:20</p> <p>3 Q. Okay. And what is your -- and you 12:56:30</p> <p>4 reviewed Dr. Godleski's report, correct? 12:56:32</p> <p>5 A. Yes, ma'am. 12:56:35</p> <p>6 Q. And you also reviewed the comments 12:56:39</p> <p>7 in Dr. Clarke-Pearson's report regarding 12:56:46</p> <p>8 Dr. Godleski's report, correct? 12:56:52</p> <p>9 A. Yes, ma'am. 12:56:52</p> <p>10 Q. And can you tell me the takeaway 12:56:54</p> <p>11 message for you from reviewing Dr. Godleski's 12:57:03</p> <p>12 report on the pathology of Ms. Rausa? 12:57:06</p> <p>13 MS. CURRY: Object to the form. 12:57:09</p> <p>14 THE WITNESS: So my reading of 12:57:16</p> <p>15 Dr. Godleski's report has led me to 12:57:18</p> <p>16 conclude that Dr. Godleski found two 12:57:21</p> <p>17 particles that he thought likely 12:57:26</p> <p>18 represented talc. One in Ms. Rausa's 12:57:28</p> <p>19 left external iliac lymph node, and one 12:57:32</p> <p>20 in a left periaortic lymph node. 12:57:36</p> <p>21 Neither of those organs actually had 12:57:40</p> <p>22 cancer in them. 12:57:42</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Is it your opinion that because the 12:57:46</p>	<p>1 A. If we go back to what I said when 12:58:50</p> <p>2 you asked me this question about Ms. Judkins, you 12:58:52</p> <p>3 asked me to look at this list, which I believe is 12:58:55</p> <p>4 the same list of references, and I've actually -- 12:58:57</p> <p>5 Q. It is. 12:59:01</p> <p>6 A. -- I've actually read a couple of 12:59:01</p> <p>7 these articles. 12:59:04</p> <p>8 Q. Okay. Yes, you did say you had 12:59:04</p> <p>9 read a couple of them. So thank you for 12:59:07</p> <p>10 clarifying that. 12:59:10</p> <p>11 A. Of course. 12:59:12</p> <p>12 Q. Did any of those articles that you 12:59:12</p> <p>13 did read clarify the significance of finding talc 12:59:14</p> <p>14 or asbestos fibers or particles in anatomic 12:59:19</p> <p>15 structures that do not contain a tumor? 12:59:27</p> <p>16 MS. CURRY: Object to the form. 12:59:32</p> <p>17 THE WITNESS: No. 12:59:32</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. And you do agree that Dr. Godleski 12:59:36</p> <p>20 did look at the histology of Ms. Rausa's tumor, 12:59:40</p> <p>21 correct?</p> <p>22 A. Yes. 12:59:50</p> <p>23 Q. And he looked at the histology with 13:00:01</p> <p>24 light microscopy, correct? 13:00:05</p>

<p style="text-align: right;">Page 485</p> <p>1 A. Yes, that's what he -- that's what 13:00:07</p> <p>2 he explains in his report. 13:00:09</p> <p>3 Q. And do you agree that he also used 13:00:10</p> <p>4 polarizing light microscopy to identify the 13:00:15</p> <p>5 birefringent particles? 13:00:21</p> <p>6 A. That's what he said. 13:00:21</p> <p>7 Q. And then he proceeded following the 13:00:23</p> <p>8 areas that contain the most birefringent 13:00:29</p> <p>9 particles, he then performed SEM and EDS on those 13:00:33</p> <p>10 locations, correct? 13:00:39</p> <p>11 A. That's correct. That's what he 13:00:41</p> <p>12 reported. 13:00:42</p> <p>13 Q. And his conclusion -- going to 13:00:52</p> <p>14 page 5 of his report, is: "Therefore, based on 13:00:53</p> <p>15 the findings of this case, it can be stated to a 13:01:00</p> <p>16 reasonable degree of medical certainty that the 13:01:03</p> <p>17 talc found in this case is contributory evidence 13:01:06</p> <p>18 for a causal link between the presence of talc 13:01:10</p> <p>19 and" -- mine cut off, but I'm assuming that's 13:01:14</p> <p>20 ovarian cancer or Ms. Rausa's -- can you read the 13:01:21</p> <p>21 part that starts with "and." 13:01:24</p> <p>22 A. "... and the development of this 13:01:26</p> <p>23 patient's ovarian cancer." That's what he wrote. 13:01:28</p> <p>24 Q. Thank you. I was missing a page 13:01:32</p>	<p style="text-align: right;">Page 487</p> <p>1 and the three footnotes are all transcripts of 13:03:05</p> <p>2 Daniel Clarke-Pearson? 13:03:09</p> <p>3 A. Yes, ma'am. 13:03:11</p> <p>4 Q. And you say that: "Additionally, 13:03:12</p> <p>5 problematic are Dr. Clarke-Pearson's opinions 13:03:14</p> <p>6 where he cites Godleski's report to support his 13:03:18</p> <p>7 contention that the perineal application of talc 13:03:23</p> <p>8 caused Ms. Rausa to develop ovarian cancer." 13:03:26</p> <p>9 Would you agree that he is in his 13:03:31</p> <p>10 report just stating what Dr. Godleski's 13:03:37</p> <p>11 conclusions were? 13:03:40</p> <p>12 That was a bad question. Let's try 13:03:47</p> <p>13 that again. At least I'm honest. 13:03:49</p> <p>14 A. When I need to give it a beat, I'm 13:03:52</p> <p>15 like wait, what? 13:03:55</p> <p>16 Q. Well, I usually know before you do. 13:03:57</p> <p>17 So, with Dr. Clarke-Pearson -- 13:04:00</p> <p>18 Dr. Godleski concludes, as we just read, that the 13:04:18</p> <p>19 talc found is contributing -- is contributory 13:04:21</p> <p>20 evidence for a causal link between the presence 13:04:24</p> <p>21 of talc and ovarian cancer, and Dr. 13:04:27</p> <p>22 Clarke-Pearson is just stating that Godleski's 13:04:36</p> <p>23 opinions as to that causal link support the ones 13:04:40</p> <p>24 that he has made as well. 13:04:43</p>
<p style="text-align: right;">Page 486</p> <p>1 there. 13:01:36</p> <p>2 And you also read Dr. 13:01:36</p> <p>3 Clarke-Pearson's report, correct? 13:01:41</p> <p>4 A. Can I just say, ma'am, but I 13:01:43</p> <p>5 disagree with that statement by Dr. Godleski. 13:01:45</p> <p>6 Q. Okay. And what is the basis for 13:01:49</p> <p>7 your disagreement? 13:01:52</p> <p>8 A. I don't believe that the talc being 13:01:54</p> <p>9 found in other anatomy has anything to do with 13:01:59</p> <p>10 the fact that Ms. Rausa developed ovarian cancer. 13:02:03</p> <p>11 In particular, because the talc was not found in 13:02:08</p> <p>12 anatomy where the cancer was. But also all of 13:02:15</p> <p>13 the other general opinions that I have put forth 13:02:19</p> <p>14 today and yesterday, that I don't actually 13:02:22</p> <p>15 believe that there's -- the weight of the 13:02:27</p> <p>16 evidence would say that the perineal application 13:02:30</p> <p>17 of talc leads to an increased risk of developing 13:02:34</p> <p>18 ovarian cancer. 13:02:36</p> <p>19 Q. Right. And I just want to clarify 13:02:37</p> <p>20 that you are not criticizing Dr. Godleski's 13:02:40</p> <p>21 methodology or technique. 13:02:46</p> <p>22 A. Not at all. 13:02:47</p> <p>23 Q. And going to your report, in the 13:02:54</p> <p>24 summary, the page after where the summary begins, 13:02:56</p>	<p style="text-align: right;">Page 488</p> <p>1 Is that better? 13:04:45</p> <p>2 A. I think that's better. 13:04:46</p> <p>3 Q. Okay. 13:04:49</p> <p>4 A. Because he is essentially 13:04:50</p> <p>5 interpreting the findings from Dr. Godleski's 13:04:53</p> <p>6 report as being supportive of his report. Yes. 13:04:57</p> <p>7 Q. Okay. So that's an interpretation 13:05:04</p> <p>8 that Dr. Godleski is giving the same opinion in 13:05:07</p> <p>9 his conclusions, correct? 13:05:09</p> <p>10 A. I think Dr. Clarke-Pearson is 13:05:10</p> <p>11 claiming that Dr. Godleski's findings support his 13:05:14</p> <p>12 opinion, correct. 13:05:18</p> <p>13 Q. And do you know Dr. Clarke-Pearson? 13:05:28</p> <p>14 A. Yes, I do. 13:05:29</p> <p>15 Q. And is he a well-regarded GYN 13:05:34</p> <p>16 oncologist? 13:05:40</p> <p>17 MS. CURRY: Object to the form. 13:05:40</p> <p>18 THE WITNESS: Yes, he is. 13:05:41</p> <p>19 BY MS. THOMPSON: 13:05:42</p> <p>20 Q. And you know that he has recently 13:05:42</p> <p>21 retired as chair of the University of North 13:05:44</p> <p>22 Carolina Chapel Hill Department of Gynecology and 13:05:53</p> <p>23 Obstetrics, correct? 13:05:55</p> <p>24 A. I read in his report that he's now 13:05:57</p>

Page 489	Page 491
<p>1 retired. 13:05:59</p> <p>2 Q. And previously he was division head 13:06:00</p> <p>3 at Duke in gynecologic oncology, correct? 13:06:03</p> <p>4 A. I believe that he was -- at Duke 13:06:09</p> <p>5 or -- I don't actually know which institution 13:06:10</p> <p>6 because he's been at various institutions. 13:06:13</p> <p>7 Q. Okay. I think he's been at Duke 13:06:16</p> <p>8 and UNC, so the two that are close. 13:06:18</p> <p>9 And he's a former SGO president, 13:06:23</p> <p>10 correct?</p> <p>11 A. That's correct. 13:06:26</p> <p>12 Q. Are you aware that he participated 13:06:27</p> <p>13 on the clinical review committee at ACOG for 13:06:31</p> <p>14 several years? 13:06:36</p> <p>15 MS. CURRY: Object to the form. 13:06:37</p> <p>16 THE WITNESS: I don't think I'm 13:06:39</p> <p>17 aware of that. 13:06:39</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. And you agree that Dr. 13:06:43</p> <p>20 Clarke-Pearson reaches a different conclusion in 13:06:53</p> <p>21 Ms. Rausa's case than you did, correct? 13:06:55</p> <p>22 A. I am aware of that. 13:06:58</p> <p>23 Q. Would you also consider Dr. Clarke- 13:07:06</p> <p>24 Pearson's science unfounded? 13:07:07</p>	<p>1 A. Every single article. 13:08:11</p> <p>2 Q. And do you think that means that 13:08:13</p> <p>3 you had a more rigorous approach to review of the 13:08:16</p> <p>4 literature? 13:08:22</p> <p>5 MS. CURRY: Object to the form. 13:08:22</p> <p>6 THE WITNESS: Yes, I do. 13:08:23</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. And we've already identified a 13:08:27</p> <p>9 number of articles that were not on your reliance 13:08:29</p> <p>10 list, particularly as related to asbestos, that 13:08:31</p> <p>11 Dr. Clarke-Pearson did review. 13:08:35</p> <p>12 So I'm asking again, what is your 13:08:38</p> <p>13 evidence that Dr. Clarke-Pearson had a less 13:08:40</p> <p>14 rigorous approach than you, other than articles 13:08:44</p> <p>15 that he deemed -- and I'm not going to compare -- 13:08:47</p> <p>16 that he deemed not important when addressing the 13:08:52</p> <p>17 question? 13:08:56</p> <p>18 MS. CURRY: Objection. 13:08:57</p> <p>19 Misstates prior testimony, and also 13:08:58</p> <p>20 asked and answered. 13:09:00</p> <p>21 THE WITNESS: So Dr. 13:09:02</p> <p>22 Clarke-Pearson refers to his review of 13:09:06</p> <p>23 the literature that at times he did not 13:09:08</p> <p>24 read articles in their entirety. And I 13:09:12</p>
Page 490	Page 492
<p>1 MS. CURRY: Object to the form. 13:07:09</p> <p>2 THE WITNESS: I think Dr. 13:07:10</p> <p>3 Clarke-Pearson has come to the wrong 13:07:12</p> <p>4 conclusion based on his reading of the 13:07:14</p> <p>5 literature. I think that had he read 13:07:18</p> <p>6 all of the literature in the same depth, 13:07:21</p> <p>7 his analysis would have been more 13:07:24</p> <p>8 aligned with mine, his analysis and 13:07:27</p> <p>9 conclusions, and I don't think that he's 13:07:30</p> <p>10 interpreted the literature correctly. 13:07:35</p> <p>11 BY MS. THOMPSON: 13:07:37</p> <p>12 Q. Do you have any reason to believe 13:07:38</p> <p>13 that Dr. Clarke-Pearson read the literature in 13:07:39</p> <p>14 any less rigorous fashion than you did -- 13:07:47</p> <p>15 MS. CURRY: Object to the form.</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. -- other than he came to a 13:07:53</p> <p>18 different conclusion? 13:07:54</p> <p>19 A. Yes, I believe that he testified in 13:07:55</p> <p>20 deposition testimony that he did not read every 13:07:57</p> <p>21 paper cover to cover. Sometimes he just read the 13:07:59</p> <p>22 abstracts. 13:08:03</p> <p>23 Q. Well, did you read cover to cover 13:08:07</p> <p>24 every article on your reliance list? 13:08:09</p>	<p>1 think that's not rigorous. I think that 13:09:15</p> <p>2 you should not just read an abstract and 13:09:18</p> <p>3 draw conclusions from that. I think you 13:09:21</p> <p>4 have to read the articles cover to 13:09:23</p> <p>5 cover. 13:09:26</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. Did Dr. Clarke-Pearson read every 13:09:27</p> <p>8 case-control study cover to cover? 13:09:30</p> <p>9 A. I don't know. 13:09:33</p> <p>10 Q. Did Dr. Clarke-Pearson read every 13:09:35</p> <p>11 cohort study cover to cover? 13:09:37</p> <p>12 A. I don't -- 13:09:39</p> <p>13 MS. CURRY: Object to the form. 13:09:39</p> <p>14 THE WITNESS: I don't know. He 13:09:40</p> <p>15 did not specify in his testimony which 13:09:41</p> <p>16 articles he read just abstracts and 13:09:45</p> <p>17 which ones he did not. He just simply 13:09:49</p> <p>18 testified that he did not read every 13:09:51</p> <p>19 article in its entirety. 13:09:53</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. So the article that he may have 13:09:55</p> <p>22 been referring to could have been related to 13:09:57</p> <p>23 cervical cancer or something that was not 13:10:04</p> <p>24 relevant for this discussion, right? 13:10:07</p>

<p style="text-align: right;">Page 493</p> <p>1 A. I don't think --</p> <p>2 MS. CURRY: Object to the form, 13:10:09</p> <p>3 calls for speculation. 13:10:11</p> <p>4 THE WITNESS: I don't think 13:10:11</p> <p>5 that's at all accurate, ma'am, because 13:10:12</p> <p>6 it was in deposition for these cases 13:10:14</p> <p>7 with reference to the perineal 13:10:18</p> <p>8 application of talc in the development 13:10:22</p> <p>9 of ovarian cancer. 13:10:22</p> <p>10 BY MS. THOMPSON: 13:10:25</p> <p>11 Q. But you had no knowledge of what 13:10:26</p> <p>12 articles -- which articles Dr. Clarke-Pearson 13:10:27</p> <p>13 reviewed cover to cover and which he may have 13:10:33</p> <p>14 thought the abstract would not inform his 13:10:35</p> <p>15 opinions, correct? 13:10:40</p> <p>16 MS. CURRY: Object to the form. 13:10:42</p> <p>17 THE WITNESS: I don't think 13:10:42</p> <p>18 that's entirely true, because he was 13:10:43</p> <p>19 asked in deposition testimony about his 13:10:45</p> <p>20 reliance list specifically. And those 13:10:49</p> <p>21 articles would have pertained to this 13:10:52</p> <p>22 case. They would not have been, as you 13:10:54</p> <p>23 alluded to, something about cervical 13:10:55</p> <p>24 cancer. And he said in -- 13:10:59</p>	<p style="text-align: right;">Page 495</p> <p>1 more articles now about in vivo and in vitro 13:12:01</p> <p>2 studies as well as more epidemiologic literature 13:12:06</p> <p>3 that has been published since I was originally 13:12:11</p> <p>4 deposited. 13:12:14</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. And we can look at your earliest 13:12:16</p> <p>7 report and see how many articles that you read 13:12:18</p> <p>8 prior to making your conclusions in this case, 13:12:23</p> <p>9 but I don't have that with me. 13:12:26</p> <p>10 So Dr. Clarke-Pearson's opinions 13:12:29</p> <p>11 are wrong. 13:12:34</p> <p>12 A. I think Dr. Clarke-Pearson has come 13:12:35</p> <p>13 to the wrong conclusion, yes. 13:12:37</p> <p>14 Q. And you did not look at Dr. Longo's 13:12:50</p> <p>15 report in Ms. Rausa's case that estimates her 13:12:52</p> <p>16 exposure to asbestos based on Johnson & Johnson's 13:12:58</p> <p>17 criteria, correct? 13:13:04</p> <p>18 MS. CURRY: Object to the form. 13:13:06</p> <p>19 THE WITNESS: So I don't know 13:13:07</p> <p>20 what "Johnson & Johnson's criteria" 13:13:08</p> <p>21 means. But I also -- I mean, it's kind 13:13:13</p> <p>22 of a compound question, but I'm happy to 13:13:19</p> <p>23 answer it in two parts. 13:13:21</p> <p>24 But to answer the first part of 13:13:22</p>
<p style="text-align: right;">Page 494</p> <p>1 BY MS. THOMPSON:</p> <p>2 Q. So -- 13:11:01</p> <p>3 A. Ma'am. He said -- 13:11:02</p> <p>4 Q. Well, I'm -- 13:11:02</p> <p>5 A. He said in deposition testimony 13:11:05</p> <p>6 that he did not read every article cover to 13:11:06</p> <p>7 cover, and that was specifically with respect to 13:11:09</p> <p>8 his reliance list. 13:11:13</p> <p>9 Q. Okay. Well, we will be able to ask 13:11:15</p> <p>10 Dr. Clarke-Pearson at trial as to which articles 13:11:18</p> <p>11 he read cover to cover and compare the articles 13:11:23</p> <p>12 in both of your reliance lists. 13:11:29</p> <p>13 You will agree that your reliance 13:11:34</p> <p>14 list has increased dramatically since you first 13:11:36</p> <p>15 testified in this case, correct? 13:11:39</p> <p>16 MS. CURRY: Object to the form. 13:11:42</p> <p>17 THE WITNESS: It has increased 13:11:43</p> <p>18 dramatically? 13:11:45</p> <p>19 BY MS. THOMPSON: 13:11:46</p> <p>20 Q. Yes. 13:11:46</p> <p>21 A. I don't really have a flare for 13:11:47</p> <p>22 drama, so I don't know what you're referring to. 13:11:49</p> <p>23 I have more articles on there since 13:11:52</p> <p>24 I testified in 2019 partly because I've included 13:11:54</p>	<p style="text-align: right;">Page 496</p> <p>1 your question, no, I did not review 13:13:24</p> <p>2 Dr. Longo's report with respect to 13:13:26</p> <p>3 Ms. Rausa. 13:13:28</p> <p>4 BY MS. THOMPSON: 13:13:28</p> <p>5 Q. And so you would not know what he 13:13:28</p> <p>6 based his calculations on, correct? 13:13:33</p> <p>7 MS. CURRY: Object to the form. 13:13:41</p> <p>8 THE WITNESS: I did not review 13:13:42</p> <p>9 Dr. Longo's report for Ms. Rausa. 13:13:44</p> <p>10 BY MS. THOMPSON: 13:13:46</p> <p>11 Q. Did you review the description of 13:13:46</p> <p>12 Dr. Longo's report from Dr. Clarke-Pearson's 13:13:48</p> <p>13 expert report on Ms. Rausa? 13:13:52</p> <p>14 A. I don't recall the specifics of 13:13:53</p> <p>15 that. 13:13:56</p> <p>16 Q. And you did not consider any impact 13:14:15</p> <p>17 of -- let me start over. Hold on. 13:14:23</p> <p>18 And in regard to Ms. Rausa's 13:14:31</p> <p>19 opinion that talc did not contribute to her 13:14:34</p> <p>20 development of ovarian cancer, the presence or 13:14:40</p> <p>21 lack of presence of asbestos was not a 13:14:43</p> <p>22 consideration. Is that fair? 13:14:46</p> <p>23 MS. CURRY: Object to the form. 13:14:49</p> <p>24 THE WITNESS: So you started off 13:14:49</p>

Page 497			Page 499		
1	saying I did not consider Ms. Rausa's	13:14:51	1	will be 40.	14:00:25
2	opinion. So you might want to rephrase	13:14:53	2	(Exhibit No. 40 was marked for	14:00:27
3	that.	13:14:56	3	identification.)	14:03:25
4	BY MS. THOMPSON:		4	BY MS. THOMPSON:	14:03:25
5	Q. Oh, I thought I started a new	13:14:56	5	Q. All right. Let's turn to	14:03:27
6	question. Let's try again from the beginning.	13:14:58	6	Ms. Newsome's case, Tamara Newsome, and I think	14:03:33
7	In formulating your opinion that	13:15:08	7	we've just marked your report as Exhibit 40.	14:03:39
8	talcum powder did not contribute to the	13:15:12	8	And you will agree that Ms. Newsome	14:03:43
9	development of Ms. Rausa's ovarian cancer, did	13:15:15	9	was diagnosed with stage 2 endometrioid cancer,	14:03:52
10	you consider at all whether there is or is not	13:15:18	10	correct?	
11	asbestos in the talcum powder that she used?	13:15:29	11	A. Yes, correct.	14:04:06
12	MS. CURRY: Object to the form.	13:15:32	12	Q. And that was on March 23rd of 2015?	14:04:07
13	THE WITNESS: So my opinion is	13:15:33	13	A. That's when she had surgery,	14:04:10
14	that the constituents of the baby powder	13:15:38	14	correct.	14:04:12
15	are irrelevant to my opinion, whether	13:15:40	15	Q. Yeah, the definitive diagnosis.	14:04:12
16	they be asbestos or something else,	13:15:43	16	And she was 53 at that time, correct?	14:04:17
17	because the talcum powder literature	13:15:47	17	A. Yes, I believe that's correct.	14:04:19
18	that has been published to date does not	13:15:49	18	Q. And Ms. Newsome is African	14:04:24
19	show an increased risk of developing	13:15:54	19	American. Is that your understanding?	14:04:29
20	ovarian cancer with the perineal	13:15:57	20	A. I don't know that I actually saw	14:04:30
21	application. And the in vivo and in	13:15:59	21	that documented in the records, but I think I saw	14:04:32
22	vitro studies also do not support the	13:16:04	22	that someplace else. I don't recall where I saw	14:04:35
23	development of ovarian cancer from the	13:16:06	23	that from.	14:04:37
24	application of talc.	13:16:07	24	Q. Okay. So similar to the other	14:04:39
Page 498			Page 500		
1	So the concept that there may be	13:16:09	1	cases that we've discussed today, could you	14:04:44
2	asbestos in the baby powder is not	13:16:14	2	describe the methodology that you used in	14:04:46
3	integral to my opinion.	13:16:19	3	formulating your opinions regarding Ms. Newsome	14:04:49
4	MS. THOMPSON: I believe that's	13:16:23	4	and the potential contribution of her talcum	14:04:54
5	all I have on Ms. Rausa. Is this a good	13:16:26	5	powder use to the development of ovarian cancer?	14:05:00
6	time for a lunch break?	13:16:31	6	A. So as I've already described for	14:05:03
7	MS. CURRY: Yes.	13:16:33	7	Ms. Judkins and Ms. Rausa, I reviewed all the	14:05:07
8	THE REPORTER: Yes.	13:16:34	8	literature that we previously discussed for my	14:05:11
9	THE WITNESS: So when we come	13:16:36	9	general causation report.	14:05:13
10	back, we'll just do Ms. Newsome,	13:16:37	10	I also reviewed the expert reports	14:05:15
11	Margaret?	13:16:42	11	of Dr. Clarke-Pearson, Dr. Godleski, Dr. Teri	14:05:16
12	MS. THOMPSON: Is there	13:16:42	12	Longacre, and the two amended reports of	14:05:23
13	something else you want to do?	13:16:43	13	Dr. Clarke-Pearson from November of 2023, and	14:05:29
14	MS. CURRY: No.		14	then more recently May of 2024.	14:05:32
15	MS. THOMPSON: I'm sure you	13:16:44	15	I reviewed the deposition	14:05:37
16	could come up with something.	13:16:46	16	transcripts pertaining to Ms. Newsome's case,	14:05:39
17	THE WITNESS: Thank you.	13:16:47	17	along with medical records that were provided to	14:05:44
18	(Lunch recess.)		18	me.	14:05:47
19	MS. THOMPSON: Leslie, could you		19	Q. And I believe as you testified	14:05:49
20	pull Dr. Saenz's expert report for		20	before, you thought it was important to have a	14:05:51
21	Newsome.		21	thorough understanding of Ms. Newsome's medical	14:05:56
22	THE REPORTER: Just a moment,		22	history, other risk factors, and her care and	14:06:04
23	please.	14:00:24	23	treatment. Is that a fair summary?	14:06:10
24	MS. CURRY: So the expert report	14:00:24	24	A. Yes.	

<p style="text-align: right;">Page 501</p> <p>1 Q. And as you said before, you cannot 14:06:15</p> <p>2 envision a case where your conclusion would be 14:06:21</p> <p>3 something other than talcum powder use did not 14:06:26</p> <p>4 contribute to the development of ovarian cancer. 14:06:30</p> <p>5 Is that fair?</p> <p>6 MS. CURRY: Object to the form. 14:06:34</p> <p>7 THE WITNESS: I -- I think that 14:06:35</p> <p>8 question is a bit confusing because I 14:06:40</p> <p>9 think you said that I can't envision 14:06:44</p> <p>10 something other than talcum powder. 14:06:46</p> <p>11 BY MS. THOMPSON: 14:06:47</p> <p>12 Q. Let's do that one over and use your 14:06:47</p> <p>13 actual words. In Ms. Newsome's case, it's your 14:06:49</p> <p>14 opinion that there's no credible scientific data 14:06:56</p> <p>15 to support the conclusion that the talc 14:06:59</p> <p>16 contributed to her development of ovarian cancer. 14:07:02</p> <p>17 Can you envision a case that you 14:07:07</p> <p>18 would conclude something different? 14:07:12</p> <p>19 MS. CURRY: Object to the form. 14:07:14</p> <p>20 THE WITNESS: Not based on the 14:07:20</p> <p>21 current state of the science. 14:07:22</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. So consistent with all three, I 14:07:24</p> <p>24 believe -- four. 14:07:26</p>	<p style="text-align: right;">Page 503</p> <p>1 not predict whether or not an individual 14:08:39</p> <p>2 woman will actually develop ovarian 14:08:44</p> <p>3 cancer. 14:08:47</p> <p>4 BY MS. THOMPSON: 14:08:47</p> <p>5 Q. And you don't know what causes 14:08:49</p> <p>6 ovarian cancer in an individual woman such as 14:08:51</p> <p>7 Ms. Newsome? 14:08:59</p> <p>8 MS. CURRY: Objection. Asked 14:08:59</p> <p>9 and answered. 14:09:00</p> <p>10 THE WITNESS: I would never 14:09:00</p> <p>11 define a cause of an individual woman's 14:09:02</p> <p>12 ovarian cancer, that is correct. 14:09:05</p> <p>13 BY MS. THOMPSON: 14:09:13</p> <p>14 Q. And in addition to not being able 14:09:27</p> <p>15 to determine a cause of an individual's ovarian 14:09:34</p> <p>16 cancer, is it also your opinion that you could 14:09:39</p> <p>17 not identify a contributor to an individual 14:09:41</p> <p>18 woman's ovarian cancer like Ms. Newsome? 14:09:47</p> <p>19 MS. CURRY: Object to the form. 14:09:50</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Let's say -- let's say a 14:09:54</p> <p>22 contributing cause. 14:09:57</p> <p>23 MS. CURRY: Object to the form. 14:09:58</p> <p>24 THE WITNESS: In any individual 14:09:59</p>
<p style="text-align: right;">Page 502</p> <p>1 And it's been your testimony that 14:07:27</p> <p>2 ovarian cancer is considered a multifactorial 14:07:32</p> <p>3 disease, correct? 14:07:34</p> <p>4 MS. CURRY: Objection. Asked 14:07:36</p> <p>5 and answered. 14:07:38</p> <p>6 THE WITNESS: Correct. 14:07:38</p> <p>7 BY MS. THOMPSON: 14:07:39</p> <p>8 Q. And in considering Ms. Newsome's 14:07:40</p> <p>9 case, you accepted that it would be possible 14:07:42</p> <p>10 to -- for her to get ovarian cancer with one, two 14:07:49</p> <p>11 risk factors, no risk factors, because she either 14:07:58</p> <p>12 got cancer or she didn't with what she had, 14:08:06</p> <p>13 correct? 14:08:10</p> <p>14 That may not have been a fair 14:08:11</p> <p>15 statement. Put it in your own words. 14:08:13</p> <p>16 MS. CURRY: Object to the form. 14:08:14</p> <p>17 THE WITNESS: So risk factors 14:08:16</p> <p>18 are -- can be positively or negatively 14:08:16</p> <p>19 associated with disease. An individual 14:08:20</p> <p>20 patient can have zero risk factors, 14:08:23</p> <p>21 positive risk factors, negative risk 14:08:26</p> <p>22 factors, and yet still get the disease. 14:08:28</p> <p>23 So the simple fact that you 14:08:32</p> <p>24 either document risk factors or not does 14:08:35</p>	<p style="text-align: right;">Page 504</p> <p>1 woman, I would not identify a 14:10:00</p> <p>2 contributing cause, that's correct. I 14:10:03</p> <p>3 think I could identify risk factors that 14:10:06</p> <p>4 are associated with disease development, 14:10:08</p> <p>5 but I could not identify a contributing 14:10:10</p> <p>6 cause. 14:10:14</p> <p>7 BY MS. THOMPSON: 14:10:21</p> <p>8 Q. And you reviewed documents for 14:10:21</p> <p>9 Ms. Newsome similar to those with the other 14:10:26</p> <p>10 plaintiffs, correct, in terms of categories? 14:10:29</p> <p>11 A. Yes, in terms of categories, the 14:10:35</p> <p>12 categories of the documents I reviewed were very 14:10:38</p> <p>13 similar between all four of the cases that I've 14:10:41</p> <p>14 reviewed. 14:10:45</p> <p>15 Q. And that's because you wanted an 14:10:47</p> <p>16 understanding of her medical history, care and 14:10:51</p> <p>17 treatment, and what type of cancer, and all the 14:10:58</p> <p>18 information that you could have about her case, 14:11:06</p> <p>19 correct?</p> <p>20 MS. CURRY: Object to the form. 14:11:08</p> <p>21 THE WITNESS: That is correct. 14:11:09</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. Let's make that question just a 14:11:26</p> <p>24 little simpler. 14:11:29</p>

<p style="text-align: right;">Page 505</p> <p>1 You wanted to have a thorough 14:11:29</p> <p>2 understanding of Ms. Newsome's case, correct? 14:11:32</p> <p>3 MS. CURRY: Object to the form. 14:11:35</p> <p>4 THE WITNESS: In order for me to 14:11:36</p> <p>5 give an opinion for what I was asked to 14:11:38</p> <p>6 opine on, I believed I had to review all 14:11:41</p> <p>7 of the records from all of those 14:11:44</p> <p>8 categories, yes. 14:11:46</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. But you knew before you started 14:11:49</p> <p>11 reviewing the records that you would not come to 14:11:51</p> <p>12 the conclusion that her talcum powder use 14:11:53</p> <p>13 contributed to her ovarian cancer. Is that fair? 14:11:57</p> <p>14 A. I believe that the current state of 14:12:02</p> <p>15 the science with epidemiology, in vitro and 14:12:04</p> <p>16 in vivo studies does not support that the 14:12:09</p> <p>17 perineal application of talc increases the risk 14:12:12</p> <p>18 of ovarian cancer in any individual or in the 14:12:15</p> <p>19 general population. 14:12:19</p> <p>20 Q. And I wanted to show to you the 14:12:20</p> <p>21 records that are listed on your reliance list or 14:12:26</p> <p>22 materials considered for Ms. Newsome are the 14:12:29</p> <p>23 three articles: The Olson article, and that 14:12:33</p> <p>24 article addresses the risk of obesity, correct? 14:12:38</p>	<p style="text-align: right;">Page 507</p> <p>1 MS. CURRY: Object to the form. 14:14:03</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Is that correct?</p> <p>4 A. I disagree with that. 14:14:05</p> <p>5 Q. Let's go to the risk factors that 14:14:22</p> <p>6 you identified with Ms. Newsome. And what are 14:14:30</p> <p>7 those? 14:14:38</p> <p>8 A. So Ms. Newsome was obese. She also 14:14:39</p> <p>9 had evidence of endometriosis in her surgical 14:14:52</p> <p>10 specimens. And her age. And I don't think she 14:14:57</p> <p>11 had an early menarche or late menopause. 14:15:10</p> <p>12 She had two children, the first at 14:15:14</p> <p>13 age 31. So I think that was not a risk factor 14:15:18</p> <p>14 for her developing ovarian cancer. She didn't 14:15:21</p> <p>15 really breastfeed her children for a 14:15:26</p> <p>16 significantly long time, so I don't think that 14:15:29</p> <p>17 reduced her risk. She used oral contraceptives 14:15:31</p> <p>18 for eight to ten years, so that should have 14:15:36</p> <p>19 theoretically reduced her risk of getting ovarian 14:15:39</p> <p>20 cancer. And she did not use hormone replacement 14:15:42</p> <p>21 therapy, so I don't think that increased her 14:15:48</p> <p>22 risk. 14:15:51</p> <p>23 She was a smoker at one point, but 14:15:52</p> <p>24 the literature on that really only shows an 14:15:55</p>
<p style="text-align: right;">Page 506</p> <p>1 A. Yes, ma'am. 14:12:45</p> <p>2 Q. And Penninkilampi. Why did you 14:12:47</p> <p>3 choose Penninkilampi to list as a citation 14:12:50</p> <p>4 reference on this report? 14:12:57</p> <p>5 A. Because Dr. Clarke-Pearson cited to 14:13:02</p> <p>6 it in his deposition testimony, and in terms of 14:13:05</p> <p>7 the attributable risk that he assigned to talc in 14:13:12</p> <p>8 Ms. Newsome developing ovarian cancer. 14:13:17</p> <p>9 Q. Is there anything in the 14:13:21</p> <p>10 Penninkilampi article that supports your opinions 14:13:24</p> <p>11 in Ms. Newsome's case? 14:13:28</p> <p>12 A. Well, in -- 14:13:29</p> <p>13 MS. CURRY: Object to the form. 14:13:34</p> <p>14 Sorry. Go ahead. 14:13:35</p> <p>15 THE WITNESS: In Ms. Newsome's 14:13:36</p> <p>16 case, in Penninkilampi, I think that the 14:13:37</p> <p>17 cohort studies that were looked at do 14:13:44</p> <p>18 not support an increased risk of 14:13:47</p> <p>19 developing ovarian cancer with the 14:13:50</p> <p>20 perineal application of talc. 14:13:52</p> <p>21 BY MS. THOMPSON: 14:13:53</p> <p>22 Q. And you know that the cohort 14:13:53</p> <p>23 studies do support an association with serous 14:13:58</p> <p>24 ovarian cancer. 14:14:02</p>	<p style="text-align: right;">Page 508</p> <p>1 increased risk of developing mucinous ovarian 14:15:59</p> <p>2 cancer, and that's not what she had, so I don't 14:16:02</p> <p>3 think of that as a particular risk factor for 14:16:05</p> <p>4 her. 14:16:07</p> <p>5 Q. When considering those risk 14:16:08</p> <p>6 factors, did you rule in any of those risk 14:16:11</p> <p>7 factors as causes of Ms. Newsome's ovarian 14:16:16</p> <p>8 cancer? 14:16:20</p> <p>9 MS. CURRY: Object to the form. 14:16:20</p> <p>10 THE WITNESS: No. 14:16:21</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. Among those that you just listed, 14:16:26</p> <p>13 did you rule in any of those as contributing 14:16:28</p> <p>14 causes to her ovarian cancer? 14:16:31</p> <p>15 A. No. 14:16:33</p> <p>16 Q. And you did rule out talc as a 14:16:40</p> <p>17 contributing cause, correct? 14:16:42</p> <p>18 A. I do not believe that the perineal 14:16:44</p> <p>19 application of talc was associated with 14:16:48</p> <p>20 Ms. Newsome developing ovarian cancer. 14:16:49</p> <p>21 Q. Are there any other factors that 14:16:53</p> <p>22 you ruled out as being contributing causes? 14:16:55</p> <p>23 MS. CURRY: Object to the form. 14:17:00</p> <p>24 THE WITNESS: Well, I don't 14:17:02</p>

Page 509	Page 511
<p>1 think her breastfeeding history 14:17:03</p> <p>2 contributed. I don't think her oral 14:17:07</p> <p>3 contraceptive use actually helped her, 14:17:12</p> <p>4 because she still got the disease. 14:17:15</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. And is it your understanding that 14:17:23</p> <p>7 Ms. Newsome began using Johnson's baby powder and 14:17:25</p> <p>8 Shower to Shower in 1975 when she was 14 years 14:17:29</p> <p>9 old? Is that your understanding? 14:17:32</p> <p>10 A. Yes, that is my understanding. 14:17:38</p> <p>11 Q. And she testified, I believe, that 14:17:42</p> <p>12 she used Shower to Shower on occasion when she 14:17:44</p> <p>13 couldn't find Johnson's baby powder. Do you 14:17:47</p> <p>14 recall that? 14:17:50</p> <p>15 A. I -- I have a vague recollection of 14:17:50</p> <p>16 that, but I think I reviewed that a long time 14:17:53</p> <p>17 ago, so I don't -- 14:17:56</p> <p>18 Q. Okay. And she used daily. Is that 14:17:59</p> <p>19 your understanding? 14:18:02</p> <p>20 A. That's my understanding. 14:18:03</p> <p>21 Q. And she discontinued the use in 14:18:06</p> <p>22 2015 when she was diagnosed with her endometrioid 14:18:09</p> <p>23 cancer, correct? 14:18:15</p> <p>24 A. The same year. 14:18:16</p>	<p>1 Q. And the usage over 40 years is 14:19:16</p> <p>2 significant. Would you agree? 14:19:20</p> <p>3 A. It's a long -- 14:19:21</p> <p>4 MS. CURRY: Object to the form. 14:19:21</p> <p>5 THE WITNESS: Sorry. It's a 14:19:22</p> <p>6 long period of time. 14:19:22</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. If Ms. Newsome were to enter a 14:19:27</p> <p>9 cohort study and the question was asked ever use, 14:19:32</p> <p>10 would that be relevant for Ms. Newsome who used 14:19:40</p> <p>11 it 14,600 times? 14:19:47</p> <p>12 MS. CURRY: Object to the form. 14:19:50</p> <p>13 THE WITNESS: Well, that would 14:19:53</p> <p>14 be the appropriate category if the only 14:19:54</p> <p>15 two categories were ever versus never. 14:19:57</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. And is it your opinion that the 14:20:04</p> <p>18 risk of a woman who used it several times versus 14:20:08</p> <p>19 Ms. Newsome who used it 14,600 times would be the 14:20:19</p> <p>20 same? 14:20:23</p> <p>21 MS. CURRY: Object to the form. 14:20:23</p> <p>22 THE WITNESS: Yes, that is my 14:20:24</p> <p>23 opinion, because I do not believe that 14:20:25</p> <p>24 the perineal application of baby powder 14:20:27</p>
Page 510	Page 512
<p>1 Q. Did you calculate the number of 14:18:18</p> <p>2 lifetime applications for Ms. Newsome? 14:18:20</p> <p>3 A. No, I did not. 14:18:23</p> <p>4 Q. If using a calculator, I multiplied 14:18:27</p> <p>5 daily use for 40 years and came up with 14,600 14:18:34</p> <p>6 applications, would you argue with me on that 14:18:40</p> <p>7 one? 14:18:43</p> <p>8 A. No, ma'am. 14:18:43</p> <p>9 Q. But only if I used a calculator, 14:18:44</p> <p>10 right?</p> <p>11 A. Got to have a calculator. 14:18:47</p> <p>12 MS. CURRY: And also because I 14:18:49</p> <p>13 confirmed that on my calculator. 14:18:50</p> <p>14 BY MS. THOMPSON: 14:18:52</p> <p>15 Q. And you would agree that she would 14:18:55</p> <p>16 be classified as a frequent user, correct? 14:19:03</p> <p>17 MS. CURRY: Object to the form. 14:19:05</p> <p>18 THE WITNESS: I mean, I can 14:19:05</p> <p>19 testify that that's the number of 14:19:07</p> <p>20 applications that she would have had, 14:19:09</p> <p>21 but the terminology "frequent" I think 14:19:10</p> <p>22 would vary depending upon what 14:19:12</p> <p>23 literature we were looking at. 14:19:15</p> <p>24 BY MS. THOMPSON: 14:19:16</p>	<p>1 increases your risk of developing 14:20:31</p> <p>2 ovarian cancer regardless of the 14:20:33</p> <p>3 duration or frequency of use. 14:20:36</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. If Ms. Newsome were entering a 14:20:41</p> <p>6 case-control study and was asked about her talcum 14:20:45</p> <p>7 powder use, would she be subject to recall bias? 14:20:51</p> <p>8 MS. CURRY: Object to the form. 14:20:57</p> <p>9 THE WITNESS: She could be. 14:20:58</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. Even though she used it daily from 14:21:00</p> <p>12 age 14 for 40 years? 14:21:03</p> <p>13 A. I think anyone that's looking 14:21:07</p> <p>14 retrospectively is potentially at risk for recall 14:21:09</p> <p>15 bias.</p> <p>16 Q. Do you agree that Ms. Newsome used 14:21:17</p> <p>17 talcum powder in the genital area while she was 14:21:24</p> <p>18 in her 20s and 30s, that period of time that 14:21:26</p> <p>19 O'Brien and her colleagues have stated is a 14:21:32</p> <p>20 critical time for development of ovarian cancer? 14:21:35</p> <p>21 MS. CURRY: Object to the form. 14:21:37</p> <p>22 THE WITNESS: That's what 14:21:37</p> <p>23 O'Brien states, and as Ms. Newsome 14:21:38</p> <p>24 started at -- I think it was age 14 14:21:40</p>

<p style="text-align: right;">Page 513</p> <p>1 for -- then she would have -- and she 14:21:45</p> <p>2 used through 2015, she would have used 14:21:51</p> <p>3 through her 20s and 30s, that's correct. 14:21:54</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. Let's go ahead and look at the ACOG 14:21:57</p> <p>6 list of risk factors, Exhibit 10 from yesterday 14:22:03</p> <p>7 and today as well. 14:22:09</p> <p>8 A. Yes, I have it. 14:22:11</p> <p>9 Q. And looking at the ACOG list of 14:22:16</p> <p>10 risk factors, age older than 55: Ms. Newsome was 14:22:19</p> <p>11 actually younger than 55, correct? 14:22:28</p> <p>12 A. Let me do the math, 39 and 15 -- 14:22:31</p> <p>13 she was 54. 14:22:35</p> <p>14 Q. Okay. 14:22:37</p> <p>15 A. So she's within the age range of 14:22:38</p> <p>16 the largest number of women that get the disease. 14:22:42</p> <p>17 Q. Within the range, correct? I think 14:22:53</p> <p>18 that's what you just said, but -- 14:22:55</p> <p>19 A. Yes. 14:22:57</p> <p>20 Q. -- I just want to make sure I 14:22:58</p> <p>21 understood. 14:23:00</p> <p>22 And does Ms. Newsome have any 14:23:01</p> <p>23 family history of breast cancer, ovarian cancer, 14:23:04</p> <p>24 colon cancer, or endometrial cancer, the family 14:23:07</p>	<p style="text-align: right;">Page 515</p> <p>1 A. Actually, it was a 26-gene panel, 14:24:23</p> <p>2 25 of which were negative. One gene had a VUS 14:24:28</p> <p>3 and MUTYH. 14:24:35</p> <p>4 Q. And that was a monoallelic 14:24:37</p> <p>5 mutation, right? 14:24:43</p> <p>6 A. Yes. 14:24:44</p> <p>7 Q. Do you have any evidence that a 14:24:44</p> <p>8 monoallelic MUTYH mutation is a -- presents an 14:24:47</p> <p>9 increased risk for ovarian cancer? 14:24:58</p> <p>10 A. No, I do not. 14:24:59</p> <p>11 Q. And she did have children, correct? 14:25:04</p> <p>12 A. Yes. 14:25:07</p> <p>13 Q. We have no evidence in the medical 14:25:11</p> <p>14 record of infertility; is that right? 14:25:14</p> <p>15 A. Not that I saw documented. 14:25:17</p> <p>16 Q. And I want to talk about 14:25:18</p> <p>17 endometriosis a little bit separately. 14:25:20</p> <p>18 And she does not have Lynch 14:25:21</p> <p>19 syndrome, correct? 14:25:24</p> <p>20 A. Correct, she does not have any 14:25:24</p> <p>21 mutations in the mismatch repair genes. 14:25:26</p> <p>22 Q. And ACOG does not list obesity as a 14:25:29</p> <p>23 risk factor, does it? 14:25:33</p> <p>24 A. No, they do not. 14:25:35</p>
<p style="text-align: right;">Page 514</p> <p>1 history listed in the ACOG risk factors? 14:23:12</p> <p>2 A. So she does have a history of 14:23:17</p> <p>3 ovarian cancer, but that relative is several 14:23:23</p> <p>4 lines away. It's not a first-degree relative. 14:23:25</p> <p>5 So she reported that her maternal grandmother had 14:23:28</p> <p>6 a sister who had ovarian cancer, so that would 14:23:35</p> <p>7 have been a maternal great aunt. But with that 14:23:37</p> <p>8 many lines away, I don't think that that 14:23:41</p> <p>9 influenced her risk of developing ovarian cancer. 14:23:43</p> <p>10 Q. So her family history would not in 14:23:45</p> <p>11 your opinion be strong enough to be considered a 14:23:48</p> <p>12 risk factor for ovarian cancer. Is that what you 14:23:52</p> <p>13 are saying? 14:23:56</p> <p>14 MS. CURRY: Object to the form. 14:23:56</p> <p>15 THE WITNESS: That's correct. 14:23:57</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. And she does not have a personal 14:24:02</p> <p>18 history of breast cancer, correct? 14:24:05</p> <p>19 A. That's correct. 14:24:07</p> <p>20 Q. And she does not have mutation in 14:24:07</p> <p>21 BRCA1 or BRCA2, correct? 14:24:10</p> <p>22 A. That's correct. 14:24:12</p> <p>23 Q. And Ms. Newsome had a 25-gene panel 14:24:16</p> <p>24 testing, correct? 14:24:22</p>	<p style="text-align: right;">Page 516</p> <p>1 Q. And is it your opinion that this 14:25:40</p> <p>2 was an oversight by ACOG? 14:25:46</p> <p>3 MS. CURRY: Object to the form, 14:25:48</p> <p>4 calls for speculation. 14:25:50</p> <p>5 THE WITNESS: No, as I answered 14:25:50</p> <p>6 before, I don't know exactly what went 14:25:52</p> <p>7 into ACOG listing the risk factors that 14:25:56</p> <p>8 they did. I'm not privy to that 14:25:58</p> <p>9 discussion. 14:26:00</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. Is ACOG making a statement by that 14:26:01</p> <p>12 omission that obesity is not a risk factor for 14:26:04</p> <p>13 ovarian cancer? 14:26:08</p> <p>14 MS. CURRY: Object to the form. 14:26:09</p> <p>15 THE WITNESS: I would be 14:26:12</p> <p>16 speculating. I don't know if it has to 14:26:13</p> <p>17 do with variances in the different 14:26:16</p> <p>18 histotypes or not, but it's not on their 14:26:18</p> <p>19 list. 14:26:22</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. But if you were a physician leading 14:26:24</p> <p>22 this list of risk factors from ACOG, would you 14:26:28</p> <p>23 interpret the list as evidence that ACOG does not 14:26:33</p> <p>24 consider obesity a risk for ovarian cancer? 14:26:39</p>

<p style="text-align: right;">Page 517</p> <p>1 MS. CURRY: Object to the form. 14:26:44</p> <p>2 THE WITNESS: Not necessarily. 14:26:49</p> <p>3 I don't know what went into them 14:26:50</p> <p>4 creating this list, so I don't think I 14:26:53</p> <p>5 would make that jump in logic. 14:26:55</p> <p>6 BY MS. THOMPSON: 14:27:00</p> <p>7 Q. But you are of the opinion that not 14:27:00</p> <p>8 listing talc is evidence that ACOG does not 14:27:02</p> <p>9 believe that talcum powder use is a risk factor. 14:27:08</p> <p>10 Isn't that correct? 14:27:11</p> <p>11 MS. CURRY: Object to the form. 14:27:11</p> <p>12 THE WITNESS: Well, what I said 14:27:12</p> <p>13 before was that talc is not on this 14:27:13</p> <p>14 list, but there's also other evidence as 14:27:17</p> <p>15 to why ACOG does not consider talc a 14:27:19</p> <p>16 risk factor for the development of 14:27:22</p> <p>17 ovarian cancer. 14:27:24</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. And one of those pieces of evidence 14:27:26</p> <p>20 was that there was some suggestion that a woman 14:27:28</p> <p>21 could use talcum powder on her abdomen after 14:27:31</p> <p>22 having abdominal surgery for comfort purposes; is 14:27:37</p> <p>23 that right? 14:27:44</p> <p>24 A. That completely misstates my 14:27:44</p>	<p style="text-align: right;">Page 519</p> <p>1 that we had before that. 14:29:20</p> <p>2 I guess the simple question is, 14:29:24</p> <p>3 ACOG does not list obesity as a risk factor, 14:29:28</p> <p>4 correct?</p> <p>5 MS. CURRY: Objection. Asked 14:29:33</p> <p>6 and answered. 14:29:34</p> <p>7 THE WITNESS: That's correct. 14:29:34</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And ACOG does not list hormone 14:29:38</p> <p>10 replacement therapy as a risk factor, correct? 14:29:43</p> <p>11 A. That's correct. 14:29:45</p> <p>12 Q. And ACOG does not list talcum 14:29:47</p> <p>13 powder use as a risk factor, correct? 14:29:50</p> <p>14 A. That's correct. 14:29:53</p> <p>15 Q. All right. If we go to the SGO 14:29:53</p> <p>16 list next. 14:30:00</p> <p>17 A. I have it. 14:30:04</p> <p>18 Q. Looking down at this list, 14:30:10</p> <p>19 Ms. Newsome does not have a genetic mutation that 14:30:20</p> <p>20 increases the risk of ovarian cancer. That's 14:30:25</p> <p>21 correct? 14:30:29</p> <p>22 MS. CURRY: Object to the form. 14:30:29</p> <p>23 THE WITNESS: Not that we've 14:30:29</p> <p>24 documented, that's correct. 14:30:30</p>
<p style="text-align: right;">Page 518</p> <p>1 testimony. 14:27:46</p> <p>2 Q. Okay. Then tell me what -- you did 14:27:47</p> <p>3 mention that ACOG suggested using talc for postop 14:27:49</p> <p>4 comfort, but give me your testimony so I don't -- 14:27:58</p> <p>5 I don't want to get anything incorrect. 14:28:02</p> <p>6 A. Again, you are misstating my 14:28:04</p> <p>7 testimony. It had nothing to do with comfort. 14:28:06</p> <p>8 One of the questions that you asked 14:28:11</p> <p>9 me, was I aware of anything that ACOG put forth 14:28:12</p> <p>10 to say that it's safe to use talc, and I replied 14:28:16</p> <p>11 to that by citing to -- I think it's either a 14:28:21</p> <p>12 clinical practice bulletin or a committee opinion 14:28:25</p> <p>13 that recommended surgeons placing talc into an 14:28:28</p> <p>14 abdominal incision in order to create an 14:28:34</p> <p>15 inflammatory response and decrease the risk of 14:28:41</p> <p>16 wound separation in obese patients. 14:28:43</p> <p>17 Q. Let's -- and you think it was a 14:28:50</p> <p>18 recommendation for physicians to use? 14:28:54</p> <p>19 A. Yes. 14:28:56</p> <p>20 MS. THOMPSON: Leanna, if we 14:28:59</p> <p>21 could pull that up for use later on. We 14:29:01</p> <p>22 won't wait for it right now. 14:29:03</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. And -- now I forgot my question 14:29:18</p>	<p style="text-align: right;">Page 520</p> <p>1 BY MS. THOMPSON: 14:30:31</p> <p>2 Q. Right. And she did not use hormone 14:30:34</p> <p>3 replacement, correct? 14:30:39</p> <p>4 A. There's no documentation that she 14:30:40</p> <p>5 used hormone replacement therapy. 14:30:42</p> <p>6 Q. She is obese, correct? 14:30:44</p> <p>7 A. I believe that's the case. 14:30:52</p> <p>8 Q. And I think that the record states 14:30:54</p> <p>9 that she -- her BMI was in the range of 30 to 35, 14:30:58</p> <p>10 and was 36.5 at the time of diagnosis. Does that 14:31:05</p> <p>11 sound correct? 14:31:11</p> <p>12 A. I think that all sounds within the 14:31:12</p> <p>13 range of what she was, yes. 14:31:14</p> <p>14 Q. And you will agree that the 14:31:19</p> <p>15 literature for obesity is mixed. Is that an 14:31:21</p> <p>16 accurate way of describing it? 14:31:29</p> <p>17 MS. CURRY: Object to the form. 14:31:30</p> <p>18 THE WITNESS: I think the 14:31:31</p> <p>19 literature on obesity is somewhat 14:31:32</p> <p>20 inconsistent. I do believe that's the 14:31:35</p> <p>21 case. 14:31:38</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. For example, I believe the article 14:31:39</p> <p>24 that you cited with Ms. Newsome's report, the 14:31:44</p>


<p style="text-align: right;">Page 521</p> <p>1 Olson paper gave approximately a 1.4 odds ratio 14:31:49</p> <p>2 for obesity. Is that approximately what you 14:31:54</p> <p>3 recall? 14:31:58</p> <p>4 A. Yeah, I think the odds ratio was 14:31:58</p> <p>5 1.37 as reported by Olson. So, yes, 1.4 is 14:32:05</p> <p>6 approximate, yes. 14:32:08</p> <p>7 Q. And do you remember seeing the IARC 14:32:09</p> <p>8 monograph on obesity and ovarian cancer? 14:32:14</p> <p>9 MS. CURRY: Object to the form. 14:32:17</p> <p>10 THE WITNESS: I've never looked 14:32:18</p> <p>11 at that. 14:32:19</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. I believe the meta-analysis from 14:32:20</p> <p>14 IARC gave a 1.1 odds ratio with that. Would you 14:32:23</p> <p>15 have a reason to -- would that surprise you? 14:32:28</p> <p>16 MS. CURRY: Object to the form. 14:32:34</p> <p>17 THE WITNESS: I -- I mean, I 14:32:35</p> <p>18 think the literature on obesity is 14:32:37</p> <p>19 inconsistent. I think that there have 14:32:39</p> <p>20 been various odds ratios that have been 14:32:42</p> <p>21 reported. Some of them positive, some 14:32:46</p> <p>22 of them not significant. Some of them 14:32:47</p> <p>23 really just demonstrating a -- obesity 14:32:50</p> <p>24 portending a poor prognosis in general, 14:32:55</p>	<p style="text-align: right;">Page 523</p> <p>1 thought I would be without actually having it in 14:34:10</p> <p>2 front of me. 14:34:14</p> <p>3 And do you agree that article is 14:34:14</p> <p>4 about the risk of gynecological cancer and 14:34:22</p> <p>5 endometriosis, correct? 14:34:26</p> <p>6 A. More specifically, it's about the 14:34:29</p> <p>7 risk of developing ovarian cancer with the 14:34:32</p> <p>8 specific type of endometriosis. 14:34:38</p> <p>9 Q. And are you speaking of an ovarian 14:34:42</p> <p>10 cancer that arises from an ovarian endometrioma? 14:34:48</p> <p>11 MS. CURRY: Object to the form. 14:34:57</p> <p>12 THE WITNESS: Well, that's one 14:34:58</p> <p>13 of the three categories of 14:34:58</p> <p>14 endometriosis. 14:35:00</p> <p>15 BY MS. THOMPSON: 14:35:00</p> <p>16 Q. And I think I'm mistaken about 14:35:01</p> <p>17 Ms. Newsome's BMI. It actually was not as high 14:35:06</p> <p>18 as 36. I believe it was -- it ranged from 27 to 14:35:12</p> <p>19 33, so I will correct the record there. 14:35:17</p> <p>20 A. See, and I accepted you at face 14:35:23</p> <p>21 value, Margaret. 14:35:25</p> <p>22 Q. Well, as we both know, it's very 14:35:27</p> <p>23 easy to get these plaintiffs confused sometimes. 14:35:31</p> <p>24 A. I agree. I don't -- no ill will. 14:35:33</p>
<p style="text-align: right;">Page 522</p> <p>1 but not necessarily being related to an 14:33:00</p> <p>2 increase risk of development. So I 14:33:03</p> <p>3 think there's a lot of variance in the 14:33:06</p> <p>4 literature. 14:33:09</p> <p>5 BY MS. THOMPSON: 14:33:09</p> <p>6 Q. And in regards I believe you said 14:33:09</p> <p>7 when we were talking about Ms. Rausa, that the 14:33:11</p> <p>8 association would be weak or small or something. 14:33:14</p> <p>9 using those words. 14:33:18</p> <p>10 Am I remembering correctly? 14:33:21</p> <p>11 MS. CURRY: Object to the form. 14:33:21</p> <p>12 THE WITNESS: I think an odds 14:33:23</p> <p>13 ratio of 1.37 is a modest association. 14:33:26</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. And let's talk a little bit about 14:33:36</p> <p>16 the third article on your citation is the 14:33:38</p> <p>17 Saavalainen, or something like that. 14:33:58</p> <p>18 A. Would you mind if I spell it for 14:33:50</p> <p>19 Leslie? Would that be okay? 14:33:52</p> <p>20 Q. Leslie would appreciate that, I'm 14:33:54</p> <p>21 sure. 14:33:55</p> <p>22 A. I'm going to butcher it as well. 14:33:55</p> <p>23 So it's S-A-A-V-A-L-A-I-N-E-N. 14:33:58</p> <p>24 Q. And I was actually closer than I 14:34:05</p>	<p style="text-align: right;">Page 524</p> <p>1 I just think that she had a BMI of greater than 14:35:35</p> <p>2 30 at the time of diagnosis is the way that I 14:35:40</p> <p>3 would like to characterize that. 14:35:43</p> <p>4 Q. Yeah, and I think that's -- that's 14:35:45</p> <p>5 fair. But I made her a little more obese than 14:35:48</p> <p>6 she actually was. 14:35:54</p> <p>7 So let's go to the issue of 14:36:06</p> <p>8 endometriosis. What is your opinion regarding 14:36:07</p> <p>9 the relationship -- particular relationship of 14:36:10</p> <p>10 endometriosis and Ms. Newsome's ovarian cancer? 14:36:15</p> <p>11 A. So there is data to support that 14:36:18</p> <p>12 endometriosis can increase the risk of developing 14:36:28</p> <p>13 ovarian cancer, in particular the clear cell and 14:36:34</p> <p>14 endometrioid histologies. And Ms. Newsome had 14:36:38</p> <p>15 the endometrioid histology. 14:36:45</p> <p>16 The reason that I cited to the 14:36:49</p> <p>17 Saavalainen paper is because they looked at where 14:36:56</p> <p>18 the endometriosis physically was, whether it was 14:37:00</p> <p>19 the infiltrating type or endometriosis in the 14:37:05</p> <p>20 peritoneum or an ovarian endometrioma. And they 14:37:11</p> <p>21 looked at the differential risks of developing 14:37:18</p> <p>22 ovarian cancer with those varying types of 14:37:21</p> <p>23 endometriosis. 14:37:24</p> <p>24 Q. And is there any notation of 14:37:30</p>

Page 525	Page 527
<p>1 endometriosis in her medical record? 14:37:34</p> <p>2 MS. CURRY: Object to the form. 14:37:37</p> <p>3 THE WITNESS: Not in her 14:37:42</p> <p>4 original path report from her surgery, 14:37:43</p> <p>5 but in Dr. Longacre's expert report she 14:37:45</p> <p>6 identified endometriosis. 14:37:52</p> <p>7 BY MS. THOMPSON: 14:37:54</p> <p>8 Q. So -- well, is there any evidence 14:37:54</p> <p>9 of endometriosis in her original operative 14:37:58</p> <p>10 report? 14:38:02</p> <p>11 A. I believe that there is. I believe 14:38:02</p> <p>12 that Dr. Steren described a posterior cul-de-sac 14:38:05</p> <p>13 that was somewhat obliterated, consistent with 14:38:20</p> <p>14 pelvic adhesive disease, and that the right 14:38:25</p> <p>15 adnexal mass was stuck to the right pelvic side 14:38:31</p> <p>16 wall. And he described it as under the 14:38:34</p> <p>17 cul-de-sac. So I believe that that adhesive 14:38:37</p> <p>18 disease was representative of endometriosis. 14:38:41</p> <p>19 Q. But Dr. Steren doesn't actually 14:38:47</p> <p>20 state that he found endometriosis when he was 14:38:49</p> <p>21 exploring her abdomen, correct? 14:38:52</p> <p>22 A. He does not describe it as 14:38:55</p> <p>23 endometriosis, no. He describes it as adhesive 14:38:57</p> <p>24 disease. 14:39:00</p>	<p>1 Q. Okay. Fair enough. Thank you for 14:40:03</p> <p>2 clarifying that. 14:40:06</p> <p>3 But similar to other risk factors, 14:40:08</p> <p>4 you would not consider her endometriosis as a 14:40:11</p> <p>5 cause of her ovarian cancer. Am I correct? 14:40:17</p> <p>6 A. I would not attribute causation of 14:40:21</p> <p>7 her ovarian cancer to her endometriosis. I just 14:40:25</p> <p>8 know from the literature that the histology that 14:40:28</p> <p>9 she had, the endometrioid histology, is more 14:40:31</p> <p>10 commonly associated in the presence of 14:40:36</p> <p>11 endometriosis than it is in patients without 14:40:40</p> <p>12 endometriosis. 14:40:43</p> <p>13 Q. And you're not offering the opinion 14:40:44</p> <p>14 that if she were to have endometriosis, as 14:40:49</p> <p>15 Dr. Longacre found, that it would have 14:40:53</p> <p>16 contributed to her ovarian cancer? 14:40:58</p> <p>17 MS. CURRY: Object to the form. 14:41:02</p> <p>18 THE WITNESS: I'm simply stating 14:41:05</p> <p>19 that she had a risk factor which has 14:41:06</p> <p>20 been known to increase the risk of 14:41:09</p> <p>21 developing ovarian cancer. 14:41:11</p> <p>22 MS. THOMPSON: Let's go to 14:41:32</p> <p>23 Dr. Godleski's report. 14:41:33</p> <p>24 (Exhibit No. 41 was marked for</p>
Page 526	Page 528
<p>1 Q. And the hospital pathology report 14:39:01</p> <p>2 does not identify any endometriosis on her 14:39:03</p> <p>3 pathology, correct? 14:39:07</p> <p>4 A. It does not. 14:39:08</p> <p>5 Q. So what you're relying on for your 14:39:10</p> <p>6 opinion that Ms. Newsome has endometriosis and 14:39:14</p> <p>7 that the endometriosis is a risk factor for 14:39:21</p> <p>8 ovarian cancer is the defense expert's review of 14:39:25</p> <p>9 her pathology, correct? 14:39:30</p> <p>10 A. So that's a bit of a compound 14:39:32</p> <p>11 question. 14:39:34</p> <p>12 MS. CURRY: Object to the form.</p> <p>13 Sorry.</p> <p>14 THE WITNESS: So I am relying 14:39:35</p> <p>15 upon Dr. Longacre's report for 14:39:37</p> <p>16 diagnosing the endometriosis from 14:39:41</p> <p>17 Ms. Newsome's pathology specimens, 14:39:44</p> <p>18 correct. But what I am relying upon for 14:39:47</p> <p>19 whether or not endometriosis is 14:39:51</p> <p>20 associated with an increased risk of 14:39:53</p> <p>21 developing the disease in general is the 14:39:55</p> <p>22 literature that has been published on 14:39:58</p> <p>23 that topic. 14:40:00</p> <p>24 BY MS. THOMPSON:</p>	<p>1 identification.)</p> <p>2 THE WITNESS: Okay, Margaret,</p> <p>3 I'm ready.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. Okay. And similar to Ms. Rausa and 14:42:28</p> <p>6 Ms. Judkins, Dr. Godleski looked at the histology 14:42:31</p> <p>7 with light microscopy, correct? 14:42:37</p> <p>8 A. Yes. 14:42:41</p> <p>9 Q. Did Dr. Godleski confirm an 14:42:41</p> <p>10 endometrioid carcinoma? 14:42:45</p> <p>11 A. Yes, he did. 14:42:48</p> <p>12 Q. Did he find any endometriosis? 14:42:49</p> <p>13 A. He did not report one way or 14:42:51</p> <p>14 another if there was endometriosis. 14:42:53</p> <p>15 Q. And would you assume if he did not 14:42:56</p> <p>16 report it, that he did not find endometriosis? 14:42:59</p> <p>17 A. No. 14:43:03</p> <p>18 MS. CURRY: Object to the form. 14:43:03</p> <p>19 THE WITNESS: No, not 14:43:04</p> <p>20 necessarily. 14:43:05</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. So it's your opinion that 14:43:12</p> <p>23 Dr. Godleski could have found endometriosis but 14:43:13</p> <p>24 not included it in his report? 14:43:15</p>

Page 529	Page 531
<p>1 MS. CURRY: Object to the form. 14:43:17</p> <p>2 THE WITNESS: That's correct. 14:43:18</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. And the second step in Godleski's 14:43:25</p> <p>5 process that we've been over a couple of times 14:43:27</p> <p>6 today is using polarized light to identify the 14:43:30</p> <p>7 birefringent particles. 14:43:38</p> <p>8 Is that your understanding? 14:43:39</p> <p>9 A. Yes, ma'am. 14:43:41</p> <p>10 Q. And following the identification of 14:43:41</p> <p>11 the birefringent particles, Dr. Godleski 14:43:44</p> <p>12 performed SEM and EDS, correct? 14:43:50</p> <p>13 A. That's correct. 14:43:53</p> <p>14 Q. And the purpose of those are to 14:43:55</p> <p>15 determine whether particles are consistent with 14:44:00</p> <p>16 talc and/or asbestos, correct? 14:44:03</p> <p>17 A. That's my understanding. 14:44:06</p> <p>18 Q. And whether they are in a fibrous 14:44:09</p> <p>19 form or a particle form. Is that your 14:44:11</p> <p>20 understanding? 14:44:15</p> <p>21 MS. CURRY: Object to the form. 14:44:15</p> <p>22 THE WITNESS: I don't know that 14:44:16</p> <p>23 level of detail. 14:44:17</p> <p>24 BY MS. THOMPSON: 14:44:18</p>	<p>1 find? 14:45:44</p> <p>2 MS. CURRY: Object to the form. 14:45:45</p> <p>3 THE WITNESS: You would have to 14:45:46</p> <p>4 be more specific, ma'am. 14:45:47</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Did Dr. Godleski find asbestos? 14:45:49</p> <p>7 A. He reported that he found 14:45:53</p> <p>8 something -- I'm just quoting from his report -- 14:45:59</p> <p>9 with a spectrum typical of tremolite asbestos. 14:46:02</p> <p>10 Q. And so Dr. Godleski, according to 14:46:09</p> <p>11 his report, also found tremolite asbestos in 14:46:12</p> <p>12 Ms. Newsome's tissues, correct? 14:46:17</p> <p>13 MS. CURRY: Object to the form. 14:46:20</p> <p>14 THE WITNESS: That's what he 14:46:20</p> <p>15 reported. 14:46:21</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. And in each of these reports from 14:46:23</p> <p>18 Dr. Godleski on Ms. Judkins, Ms. Rausa, and 14:46:34</p> <p>19 Ms. Newsome, do you have an opinion as to how the 14:46:38</p> <p>20 particles that Dr. Godleski identified got into 14:46:46</p> <p>21 the tissue? 14:46:53</p> <p>22 MS. CURRY: Object to the form. 14:46:57</p> <p>23 THE WITNESS: No, I do not. But 14:47:01</p> <p>24 I don't -- I do not think it was from 14:47:03</p>
Page 530	Page 532
<p>1 Q. Okay. And what did Dr. Godleski 14:44:19</p> <p>2 find in Ms. Newsome's case? 14:44:26</p> <p>3 A. He found in the tissues that he 14:44:31</p> <p>4 examined a total of 31 particles, 15 of which 14:44:34</p> <p>5 were -- that he thought represented talc were in 14:44:39</p> <p>6 the left ovary, and one particle in the right 14:44:44</p> <p>7 ovary. 14:44:48</p> <p>8 Q. Would you agree that actually 30 of 14:44:59</p> <p>9 the 30 -- all of the 30 were actual talc 14:45:01</p> <p>10 particles, 30 of the 31 were non-fibrous, and one 14:45:05</p> <p>11 was a talc fiber? 14:45:10</p> <p>12 MS. CURRY: Object to the form. 14:45:12</p> <p>13 BY MS. THOMPSON:</p> <p>14 Q. If you look at the bottom of 14:45:13</p> <p>15 page 3, that paragraph at the end of page 3. 14:45:15</p> <p>16 A. Yes, I see where you are. 14:45:21</p> <p>17 Q. And do you think that's a correct 14:45:29</p> <p>18 reporting of Dr. Godleski's findings? 14:45:34</p> <p>19 MS. CURRY: Object to the form. 14:45:36</p> <p>20 THE WITNESS: I have no reason 14:45:36</p> <p>21 to question the veracity of what he was 14:45:37</p> <p>22 reporting. 14:45:40</p> <p>23 BY MS. THOMPSON: 14:45:42</p> <p>24 Q. And what else did Dr. Godleski 14:45:43</p>	<p>1 the perineal application of talc. 14:47:05</p> <p>2 BY MS. THOMPSON: 14:47:08</p> <p>3 Q. And no idea how else it could get 14:47:08</p> <p>4 there? 14:47:11</p> <p>5 A. I do not have an opinion on that. 14:47:11</p> <p>6 Q. Okay. And similar to the other 14:47:22</p> <p>7 cases, you did not look at Dr. Longo's exposure 14:47:37</p> <p>8 report regarding Ms. Newsome's usage, correct? 14:47:45</p> <p>9 A. Ms. Newsome's usage? 14:47:56</p> <p>10 Q. Talcum powder usage -- excuse me, 14:47:59</p> <p>11 Dr. Longo's exposure report. 14:48:02</p> <p>12 A. I've not reviewed Dr. Longo's 14:48:04</p> <p>13 report. 14:48:06</p> <p>14 Q. Have you reviewed Dr. Longo's 14:48:10</p> <p>15 analysis of asbestos and talc fibers present in 14:48:10</p> <p>16 bottles that she had in her home? 14:48:17</p> <p>17 A. I have not -- 14:48:20</p> <p>18 MS. CURRY: Object to the form. 14:48:21</p> <p>19 THE WITNESS: I have not 14:48:22</p> <p>20 reviewed any report from Dr. Longo. 14:48:23</p> <p>21 BY MS. THOMPSON: 14:48:26</p> <p>22 Q. Did you see in Dr. Clarke- 14:48:29</p> <p>23 Pearson's report or deposition what Dr. Longo 14:48:37</p> <p>24 found in Ms. Newsome's bottles? 14:48:43</p>

<p style="text-align: right;">Page 533</p> <p>1 A. I do not recall the specifics of 14:48:46</p> <p>2 that portion of Dr. Clarke-Pearson's report. 14:48:48</p> <p>3 Q. You did not see that Dr. Longo 14:48:52</p> <p>4 found asbestos in Ms. Newsome's talcum powder 14:48:55</p> <p>5 bottles? 14:49:00</p> <p>6 MS. CURRY: Object to the form. 14:49:01</p> <p>7 THE WITNESS: I did not review 14:49:02</p> <p>8 Dr. Longo's report. 14:49:03</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Would that influence your opinions 14:49:05</p> <p>11 at all if you did learn that Dr. Longo found 14:49:08</p> <p>12 asbestos in Ms. Newsome's Johnson baby powder 14:49:16</p> <p>13 bottles? 14:49:22</p> <p>14 MS. CURRY: Object to the form. 14:49:22</p> <p>15 THE WITNESS: No, it would not, 14:49:23</p> <p>16 because my opinion is based upon the 14:49:24</p> <p>17 literature for the perineal application 14:49:26</p> <p>18 of talcum powder, and that literature 14:49:31</p> <p>19 does not support an increased risk of 14:49:32</p> <p>20 developing ovarian cancer. So what the 14:49:34</p> <p>21 constituents are of the talcum powder is 14:49:37</p> <p>22 not relevant to my report. Or opinion. 14:49:39</p> <p>23 MS. THOMPSON: If we could take 14:49:49</p> <p>24 a short break now, I would like to come 14:49:50</p>	<p style="text-align: right;">Page 535</p> <p>1 record that she was prescribed a pessary 15:00:09</p> <p>2 following her surgery for the ovarian cancer? 15:00:13</p> <p>3 A. No, I do not. 15:00:20</p> <p>4 Q. What is a pessary used for in 15:00:22</p> <p>5 gynecology? 15:00:24</p> <p>6 A. A pessary can be used to help 15:00:25</p> <p>7 prevent pelvic prolapse or to reduce something 15:00:29</p> <p>8 like a rectocele. 15:00:32</p> <p>9 Q. And does that -- if Ms. Judkins was 15:00:34</p> <p>10 prescribed a pessary following surgery, does that 15:00:44</p> <p>11 influence your opinions at all as to what was 15:00:48</p> <p>12 causing the bulge that she -- that was seen prior 15:00:52</p> <p>13 to her surgery? 15:00:57</p> <p>14 A. No. 15:00:58</p> <p>15 Q. Does it influence your opinion that 15:01:01</p> <p>16 the rectocele and cystocele and uterine prolapse 15:01:05</p> <p>17 resulted from pressure from the adnexal mass? 15:01:11</p> <p>18 A. No. 15:01:14</p> <p>19 Q. Okay. Let's go to Ms. Judkins' 15:01:18</p> <p>20 current condition. What is your understanding of 15:01:26</p> <p>21 Ms. Judkins' current condition? 15:01:30</p> <p>22 A. So the last medical record that I 15:01:41</p> <p>23 saw was dated December 5th, 2023, and she was 15:01:46</p> <p>24 still in remission at that time. 15:01:55</p>
<p style="text-align: right;">Page 534</p> <p>1 back and just admit the -- the more 14:49:55</p> <p>2 recent medical records, and have your 14:50:01</p> <p>3 testimony on the current condition of 14:50:03</p> <p>4 each plaintiff. 14:50:05</p> <p>5 And if I could find that ACOG 14:50:06</p> <p>6 document, I will go look for that during 14:50:10</p> <p>7 this short break, and then that should 14:50:13</p> <p>8 be all I have. 14:50:15</p> <p>9 THE WITNESS: Okay. Thank you, 14:50:16</p> <p>10 Margaret. 14:50:18</p> <p>11 MS. THOMPSON: Thank you. 14:50:19</p> <p>12 Let's just come back in five or 14:50:21</p> <p>13 ten, okay? 14:50:23</p> <p>14 THE WITNESS: Sounds good. 14:50:24</p> <p>15 (Recess.) 14:59:35</p> <p>16 BY MS. THOMPSON: 14:59:35</p> <p>17 Q. I have one question on Ms. Judkins, 14:59:36</p> <p>18 and then we will put in the recent medical 14:59:38</p> <p>19 records, and then I believe we have the ACOG 14:59:40</p> <p>20 document that you're referring to that we'll 14:59:45</p> <p>21 show, and then from my standpoint, I'll be done. 14:59:48</p> <p>22 A. Okay. 14:59:52</p> <p>23 Q. Dr. Saenz, going back to a long 15:00:01</p> <p>24 time ago, Ms. Judkins, do you recall seeing a 15:00:04</p>	<p style="text-align: right;">Page 536</p> <p>1 Q. To your knowledge, does Ms. Judkins 15:02:02</p> <p>2 have any residual effects from her chemotherapy 15:02:03</p> <p>3 or other treatment? 15:02:10</p> <p>4 MS. CURRY: Object to the form. 15:02:11</p> <p>5 THE WITNESS: I do not have any 15:02:12</p> <p>6 knowledge of that. 15:02:13</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. And so Ms. Judkins was diagnosed 15:02:16</p> <p>9 in -- let me make sure that I get this right -- I 15:02:27</p> <p>10 believe it was 2016. 15:02:36</p> <p>11 A. Correct, it was December of 2016. 15:02:38</p> <p>12 Q. And so she's currently eight years. 15:02:40</p> <p>13 In your view, what is Ms. Judkins' prognosis? 15:02:49</p> <p>14 A. So she -- so I don't have any 15:02:54</p> <p>15 medical records from right now. The last medical 15:02:57</p> <p>16 record I have is from December of 2023. So that 15:03:00</p> <p>17 would be seven years that she has not had a 15:03:05</p> <p>18 recurrence, so I would consider her cured. 15:03:08</p> <p>19 Q. Okay. Let's move to -- well, let's 15:03:11</p> <p>20 move to Ms. Rausa. What is Ms. Rausa's current 15:03:21</p> <p>21 condition? 15:03:26</p> <p>22 A. So the last medical record that I 15:03:27</p> <p>23 saw any documentation of was dated January 4th, 15:03:31</p> <p>24 2024, and at that time Ms. Rausa was still being 15:03:37</p>

<p style="text-align: right;">Page 537</p> <p>1 treated with a combination of bevacizumab, 15:03:43</p> <p>2 cytoxan, and pembrolizumab. And that was in 15:03:53</p> <p>3 January of 2024 is the last notation I saw. So 15:04:03</p> <p>4 she has active disease. 15:04:06</p> <p>5 MS. THOMPSON: Leslie, could we 15:04:08</p> <p>6 mark as our next exhibit -- they can be 15:04:10</p> <p>7 all combined -- the additional medical 15:04:14</p> <p>8 records for Ms. Rausa. 15:04:17</p> <p>9 THE WITNESS: I think she's</p> <p>10 referring to the supplemental materials</p> <p>11 considered.</p> <p>12 MS. THOMPSON: The supplemental,</p> <p>13 that would be great. Thank you, Doctor.</p> <p>14 MS. CURRY: Do you want them 15:04:38</p> <p>15 marked as three different exhibits? We 15:04:39</p> <p>16 have one for Rausa, one for Newsome and 15:04:41</p> <p>17 one for Converse. 15:04:44</p> <p>18 MS. THOMPSON: Probably. 15:04:46</p> <p>19 MS. CURRY: So the one for Rausa 15:04:48</p> <p>20 will be marked as Exhibit 42. 15:04:50</p> <p>21 (Exhibit No. 42 was marked for</p> <p>22 identification.)</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Okay. And Ms. Rausa has recurrence 15:04:56</p>	<p style="text-align: right;">Page 539</p> <p>1 supplemental records for Ms. Newsome as 15:06:22</p> <p>2 the next exhibit. 15:06:25</p> <p>3 MS. CURRY: 43. 15:06:28</p> <p>4 (Exhibit No. 43 was marked for 15:06:28</p> <p>5 identification.) 15:06:38</p> <p>6 MS. THOMPSON: And I believe 15:06:38</p> <p>7 that's all. 15:06:39</p> <p>8 And, Dawn, are you going to have 15:06:42</p> <p>9 questions? 15:06:46</p> <p>10 MS. CURRY: I don't believe that 15:06:46</p> <p>11 I do actually. No questions from me. 15:06:47</p> <p>12 (A discussion was held off the</p> <p>13 record.)</p> <p>14 MS. CURRY: She will review and 15:09:08</p> <p>15 sign. 15:09:10</p> <p>16 (Recess.) 15:09:10</p> <p>17 MS. THOMPSON: Let's go back on</p> <p>18 the record for one other thing.</p> <p>19 I think Leanna is going to put 15:29:54</p> <p>20 Exhibit No. -- 45. 15:29:57</p> <p>21 MS. PITTARD: Yes, it's in the 15:30:03</p> <p>22 chat. 15:30:04</p> <p>23 MS. THOMPSON: -- in the chat. 15:30:04</p> <p>24 I believe this was the document that you 15:30:05</p>
<p style="text-align: right;">Page 538</p> <p>1 and is being treated for active disease, correct? 15:04:58</p> <p>2 A. That's my understanding as of 15:05:01</p> <p>3 January of 2024. I don't have any more current 15:05:03</p> <p>4 information. 15:05:06</p> <p>5 Q. And Ms. Rausa originally had a 15:05:07</p> <p>6 stage 3 serous -- high grade serous ovarian 15:05:11</p> <p>7 cancer, correct? 15:05:21</p> <p>8 A. Correct, stage 3A, high grade 15:05:21</p> <p>9 serous. 15:05:25</p> <p>10 Q. And what is Ms. Rausa's prognosis 15:05:25</p> <p>11 in your opinion? 15:05:28</p> <p>12 A. She very likely will die of her 15:05:28</p> <p>13 disease. 15:05:31</p> <p>14 Q. And let's go to Ms. Newsome. 15:05:34</p> <p>15 A. Okay. The last medical record that 15:05:40</p> <p>16 I saw for Ms. Newsome was dated -- it was a 15:05:44</p> <p>17 telehealth visit with Dr. Garg, and that was 15:05:51</p> <p>18 dated June of 2023. So she was diagnosed in 15:05:54</p> <p>19 March of 2015, so that's a little bit over eight 15:06:00</p> <p>20 years that she has gone without a recurrence. 15:06:05</p> <p>21 And given that it's been longer than five years, 15:06:08</p> <p>22 I would consider her cured. 15:06:12</p> <p>23 MS. THOMPSON: And we'll mark 15:06:18</p> <p>24 the most recent records, your 15:06:20</p>	<p style="text-align: right;">Page 540</p> <p>1 were referring to earlier -- 15:30:07</p> <p>2 MS. CURRY: Hold on. We have to 15:30:10</p> <p>3 pull it up. 15:30:12</p> <p>4 THE WITNESS: Hold on. I have 15:30:13</p> <p>5 to get it. 15:30:14</p> <p>6 No, there is no document in the 15:30:16</p> <p>7 chat yet. Oh, there it is. Thank you. 15:30:18</p> <p>8 MS. CURRY: And hold on, this is 15:30:20</p> <p>9 44. 15:30:22</p> <p>10 (Exhibit No. 44 was marked for 14:10:28</p> <p>11 identification.)</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. We will go to the sentence about 15:30:23</p> <p>14 talc. 15:30:25</p> <p>15 A. Okay. Where are you? 15:30:26</p> <p>16 Q. Now, I don't have it up. 15:30:32</p> <p>17 Dr. Saenz, have you had a chance to 15:31:06</p> <p>18 review that document marked as Exhibit 44? 15:31:08</p> <p>19 A. Yes.</p> <p>20 Q. And is this the document you were 15:31:19</p> <p>21 referring to previously about the application in 15:31:21</p> <p>22 an abdominal incision? 15:31:41</p> <p>23 MS. CURRY: Margaret, she needs 15:31:41</p> <p>24 you to repeat the question. 15:31:42</p>

Page 541	Page 543
<p>1 MS. THOMPSON: Oh, I'm sorry. 15:31:43</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Is this the document that you were 15:31:46</p> <p>4 referring to earlier regarding the application of 15:31:49</p> <p>5 talc in an abdominal incision? 15:31:53</p> <p>6 A. Yes.</p> <p>7 Q. And this is -- to identify it, it's 15:31:59</p> <p>8 a committee opinion from ACOG, correct? 15:32:02</p> <p>9 A. Yes. 15:32:07</p> <p>10 Q. And the title is "Gynecologic 15:32:09</p> <p>11 Surgery in the Obese Woman," correct? 15:32:12</p> <p>12 A. Correct. 15:32:16</p> <p>13 Q. Dated January 2015, correct? 15:32:16</p> <p>14 MS. CURRY: Object to the form. 15:32:19</p> <p>15 THE WITNESS: And reaffirmed in 15:32:21</p> <p>16 2019. 15:32:23</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. And reaffirmed in 2019. 15:32:25</p> <p>19 And the reference to talc is on 15:32:28</p> <p>20 page -- I don't see page numbers on mine, but 15:32:34</p> <p>21 it's just before Conclusions and Recommendations, 15:32:42</p> <p>22 if you'll go to that sentence. 15:32:45</p> <p>23 A. Okay. 15:32:48</p> <p>24 Q. And it states: "Although data are 15:32:50</p>	<p>1 patience. 15:34:02</p> <p>2 THE WITNESS: Thank you so much, 15:34:02</p> <p>3 Margaret. Have a good evening. 15:34:04</p> <p>4 MS. CURRY: Thank you. Goodbye. 15:34:05</p> <p>5 (Whereupon, the deposition of</p> <p>6 CHERYL C. SAENZ, M.D. concluded at 3:35</p> <p>7 p.m.)</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
Page 542	Page 544
<p>1 limited, postoperative wound complications may be 15:32:53</p> <p>2 lessened in the obese patient after abdominal 15:32:58</p> <p>3 hysterectomy with subcutaneous suture placement, 15:33:03</p> <p>4 talc application or wound vacuum." 15:33:07</p> <p>5 Did I read that correctly? 15:33:09</p> <p>6 A. Yes.</p> <p>7 Q. And this would be a one-time 15:33:13</p> <p>8 application in the abdominal incision, correct? 15:33:15</p> <p>9 A. That's correct. 15:33:17</p> <p>10 Q. One concluding question if I may. 15:33:23</p> <p>11 Dr. Saenz, have all the opinions that you intend 15:33:25</p> <p>12 to give at trial included in your general report, 15:33:29</p> <p>13 the four plaintiff case-specific reports and your 15:33:38</p> <p>14 testimony here today? 15:33:42</p> <p>15 MS. CURRY: Object to the form 15:33:43</p> <p>16 of the question. 15:33:44</p> <p>17 THE WITNESS: Unless you ask me 15:33:45</p> <p>18 something else at trial, yes. 15:33:47</p> <p>19 MS. THOMPSON: Okay. Dawn, you 15:33:48</p> <p>20 don't have anything? 15:33:55</p> <p>21 MS. CURRY: I have no questions 15:33:55</p> <p>22 today. Thank you. 15:33:56</p> <p>23 MS. THOMPSON: Okay. Thank you, 15:33:57</p> <p>24 Dr. Saenz. I appreciate your time and 15:33:59</p>	<p>1 CERTIFICATE OF CERTIFIED SHORTHAND REPORTER</p> <p>2 The undersigned Certified Shorthand Reporter</p> <p>3 does hereby certify:</p> <p>4 That the foregoing proceeding was taken before</p> <p>5 me at the place and time therein set forth, at which</p> <p>6 time the witness was duly sworn; That the testimony</p> <p>7 of the witness and all objections made at the time</p> <p>8 of the examination were recorded stenographically by</p> <p>9 me and were thereafter transcribed, said transcript</p> <p>10 being a true and correct copy of my shorthand notes</p> <p>11 thereof; That the dismantling of the original</p> <p>12 transcript will void the reporter's certificate.</p> <p>13 In witness thereof, I have subscribed my name</p> <p>14 this date: July 4, 2024.</p> <p>15</p> <p>16 </p> <p>17 LESLIE A. TODD, CSR, RPR</p> <p>18 Certificate No. 5129</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23 (The foregoing certification of</p> <p>24 this transcript does not apply to any</p> <p>25 reproduction of the same by any means,</p> <p>unless under the direct control and/or</p> <p>supervision of the certifying reporter.)</p>

<p style="text-align: right;">Page 545</p> <p>1 INSTRUCTIONS TO WITNESS</p> <p>2 Please read your deposition over</p> <p>3 carefully and make any necessary corrections. You</p> <p>4 should state the reason in the appropriate space on</p> <p>5 the errata sheet for any corrections that are made.</p> <p>6 After doing so, please sign the errata</p> <p>7 sheet and date it.</p> <p>8 You are signing same subject to the</p> <p>9 changes you have noted on the errata sheet, which</p> <p>10 will be attached to your deposition. It is</p> <p>11 imperative that you return the original errata sheet</p> <p>12 to the deposing attorney within thirty (30) days of</p> <p>13 receipt of the deposition transcript by you. If you</p> <p>14 fail to do so, the deposition transcript may be</p> <p>15 deemed to be accurate and may be used in court.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 547</p> <p>1 ACKNOWLEDGMENT OF DEPONENT</p> <p>2 I, _____, do hereby</p> <p>3 certify that I have read the foregoing pages, and</p> <p>4 that the same is a correct transcription of the</p> <p>5 answers given by me to the questions therein</p> <p>6 propounded, except for the corrections or changes in</p> <p>7 form or substance, if any, noted in the attached</p> <p>8 Errata Sheet.</p> <p>9</p> <p>10 Dated: _____</p> <p>11 _____</p> <p>12 _____</p> <p>13 CHERYL C. SAENZ, M.D.</p> <p>14</p> <p>15 Subscribed and sworn to</p> <p>16 before me this</p> <p>17 _____ day of _____, 20____.</p> <p>18 My commission expires: _____</p> <p>19 _____</p> <p>20 Notary Public</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 546</p> <p>1 -----</p> <p>2 E R R A T A</p> <p>3 -----</p> <p>4 PAGE LINE CHANGE</p> <p>5 _____</p> <p>6 REASON: _____</p> <p>7 _____</p> <p>8 REASON: _____</p> <p>9 _____</p> <p>10 REASON: _____</p> <p>11 _____</p> <p>12 REASON: _____</p> <p>13 _____</p> <p>14 REASON: _____</p> <p>15 _____</p> <p>16 REASON: _____</p> <p>17 _____</p> <p>18 REASON: _____</p> <p>19 _____</p> <p>20 REASON: _____</p> <p>21 _____</p> <p>22 REASON: _____</p> <p>23 _____</p> <p>24 REASON: _____</p> <p>25</p>	

[& - 35]

Page 1

&	15 513:12 530:4	2019 494:24	27 523:18
& 308:6 310:8	155 310:22	541:16,18	28 311:11,15,21
310:14,21	16,790 395:10	202 310:17	312:7 364:23
426:21 427:1,6	398:3	2021 311:19,24	28th 460:2
427:9 495:16	16-2738 308:6	312:9 391:10	3
495:20	17 425:3	2022 364:15	3 390:1 441:10
0	18 311:19	366:4,7,15	460:15 530:15
02210 310:23	18,000 473:13	367:2,11	530:15 538:6
1	18,250 471:10	472:14	3,600 398:21,23
1 390:11	1825 310:15	2023 460:23	399:1
1.1 521:14	1968 464:12	500:13 535:23	30 378:24
1.3 475:4	470:5	536:16 538:18	466:13 480:21
1.37 521:5	1971 355:10	2024 308:15	520:9 524:2
522:13	1975 509:8	311:11,15,22	530:8,9,9,10
1.4 475:5 521:1	1988 466:17	312:7 326:19	545:12
521:5	471:7	364:23 391:8	308 308:24
10 370:7 407:23	2	391:14 460:8	30s 399:5,12
408:3 409:6,14	2 348:14 349:18	500:14 536:24	473:18 512:18
476:14 513:6	360:10,11	537:3 538:3	513:3
100 318:7 319:1	390:2 401:1	544:14	31 507:13 530:4
477:10	413:14 419:3	20s 399:4,12,16	530:10
11 378:13	499:9	473:18 512:18	313 311:3
465:19	20 308:15	513:3	315 311:11
12 371:7 407:23	547:17	21 311:24 312:9	33 311:8 315:4
465:20	20006 310:16	391:16	315:7,8 377:23
13 371:2,7	2015 499:12	218 310:9	377:24 523:19
470:5	509:22 513:2	21st 326:19	333 311:15
13th 460:15,24	538:19 541:13	22 367:21 447:8	334 310:11
14 397:3 509:8	2016 536:10,11	23rd 499:12	335-2600
512:12,24	2017 384:4,9	24 391:16	310:17
14,600 510:5	391:6,24 422:6	25 388:24 389:5	34 311:12 333:1
511:11,19	442:16	514:23 515:2	333:2
14542 544:15	2018 460:15,24	26 311:20 515:1	35 311:16
	461:1 464:12	269-2343	400:21 520:9
	470:13	310:11	

[36 - acog]

Page 2

36 311:17 400:21 523:18 36.5 520:10 36104 310:10 365 395:9 37 311:18 416:3 416:4 38 311:20 434:6 39 311:23 459:4 513:12 3a 538:8	459 311:24 46 394:22 395:9 397:18 398:1 478:2 47 367:21 47.75 366:15 48 371:8 465:23 465:24 466:2 467:20,23 499 312:7 4th 460:8 536:23	6 60 367:6 370:14 374:10 377:5 617 310:24 63 370:18 460:15 461:2 64 370:21 65 367:1 6753337 308:23	abstract 492:2 493:14 abstracts 490:22 492:16 academic 422:17 accept 346:23 347:10 accepted 316:18,19,19 316:24 317:1 502:9 523:20 accuracy 423:21 accurate 367:24 493:5 520:16 545:15 acknowledg... 547:1 acog 317:9 370:7 376:7,7 376:12 377:1,4 377:6 379:5,5,7 379:12,14,17 379:18 380:2,6 380:15,16,17 380:19 381:7 381:21,24 382:3,5,6 383:2 383:20,23 384:3,6,11,15 384:18,23 385:10,11,15 385:20 389:21 390:5 468:20 476:13,19
4	5	7	
4 335:11 413:7 413:11,13 416:12 434:10 544:14 40 312:4 374:7 374:10 499:1,2 499:7 510:5 511:1 512:12 400 311:16,17 41 312:8 527:24 416 311:19 42 312:10 537:20,21 43 312:12 401:2 401:5,13 403:2 539:3,4 434 311:22 439-2000 310:24 44 540:9,10,18 45 478:2 481:7 539:20	5 366:11 485:14 5,600 398:16 399:2 50 328:5,11 367:6,22 371:3 371:8 470:12 470:21 471:10 5129 308:25 544:18 527 312:9 53 374:7 499:16 537 312:11 539 312:13 54 513:13 547 308:24 55 370:12,21 377:7 513:10 513:11 56 465:24 466:3 5th 535:23	7 389:20 700 310:15 9 910 309:6 92037 309:7 9:03 308:16 a a.m. 308:16 abdomen 385:7 517:21 525:21 abdominal 386:3 517:22 518:14 540:22 541:5 542:2,8 able 321:5 345:8 369:14 412:6 494:9 503:14 above 354:19 355:21,21 433:21 444:20 absolutely 339:15	

[acog - agree]

Page 3

478:20 489:13 513:5,9 514:1 515:22 516:2,7 516:11,22,23 517:8,15 518:3 518:9 519:3,9 519:12 534:5 534:19 541:8 acs 452:21 453:8 454:19 action 368:15 active 387:3 537:4 538:1 activities 387:9 actual 354:12 357:22 359:10 360:2,13,23 362:12,15 405:9 479:2 501:13 530:9 actually 326:6 337:7 339:19 350:19,23 353:20 359:1 361:7 362:15 362:21 370:14 370:19 384:3,4 384:18 398:9 403:7 404:24 407:9,15 411:8 418:19 419:1 435:19 438:20 439:11 441:19 450:16 456:17 460:4 465:24 467:22 474:1	479:8 482:21 483:7,19 484:4 484:6 486:14 489:5 499:20 503:2 509:3 513:11 515:1 522:24 523:1 523:17 524:6 525:19 530:8 539:11 add 322:15 adding 380:24 addition 326:17 420:4 428:14 503:14 additional 537:7 additionally 487:4 additive 435:12 462:2 address 400:13 424:2 addresses 374:19 505:24 addressing 491:16 adherent 407:20 408:4 409:14 414:1 adhesive 384:20 525:14 525:17,23 administering 309:15	admit 534:1 admittedly 384:17 adnexal 405:4,6 405:11,15,18 409:7,14 411:11 414:1 525:15 535:17 advocate 440:11 affect 339:19 affiliate 438:19 affirmative 385:20 african 499:18 age 317:10,12 317:21 318:13 318:14 370:12 370:14,17,22 370:24 371:2,3 377:2,6 394:8 460:15 461:2 465:15,19,21 466:13 467:20 468:11 470:5 473:24 476:17 478:22 479:7 479:13 480:21 507:10,13 512:12,24 513:10,15 agencies 448:6 agency 451:21 451:24 ago 355:15 428:8 509:17	534:24 agree 315:15 316:9,15 319:3 329:19 332:1 334:19,21 341:21 342:1 357:23 363:18 371:10 374:3 376:11 386:13 387:10 390:4 390:23 395:22 397:14,16,22 398:2 399:3 412:9,15,21 413:17,18 414:3 416:17 418:20 425:4 425:17 429:18 437:7,9 439:1 441:21,24 442:8,17,24 443:6,6,9,10 446:1 448:5,7 448:13 449:3,5 449:18,20,23 450:21,22 460:13 471:19 472:7 473:5,16 475:10 478:21 479:6 484:19 485:3 487:9 489:19 494:13 499:8 510:15 511:2 512:16 520:14 523:3 523:24 530:8
---	---	--	--

[agreed - area]

Page 4

agreed 370:13	328:2,22	answering	applies 326:20
agrees 449:13	342:16 343:23	382:14 385:9	334:23 335:7,8
ahead 400:7	345:9,16,21	480:10	343:4 376:14
404:3 408:22	358:6 359:4	answers 313:22	376:15
435:9 476:22	365:15 368:10	316:8 464:22	apply 322:21
506:14 513:5	382:18 410:9	547:5	323:2 336:22
alabama	410:10 415:5,7	anyway 354:1	339:12 342:7
310:10	423:10,16	apologize 338:1	346:15 352:20
aligned 490:8	424:3 432:5,12	338:3 434:2	354:20 373:9
allen 310:7	432:18 452:15	appeared	373:23 386:19
alluded 493:23	453:20 456:24	406:12	387:13 388:2
amended	457:4,6,9,18,22	application	395:19 396:4,4
311:20 364:22	458:3,5,8	314:17 325:16	403:21 544:23
500:12	469:16 480:2	325:20 341:2,5	applying
american	495:23,24	347:6 434:20	368:13
435:15 499:19	answered	435:17 436:6	appreciate
amount 355:15	315:22 317:16	436:16 447:20	343:23 462:22
428:24	327:18,24	447:23 448:18	522:20 542:24
analyses 328:12	328:1,20 339:6	452:12 456:6	appreciated
analysis 330:5	357:6 359:17	486:16 487:7	406:17
330:7 420:14	361:3,14,16	493:8 497:21	approach
448:15 450:22	362:10 368:7	497:24 505:17	314:23 491:3
479:1 490:7,8	396:9 422:12	506:20 508:19	491:14
521:13 532:15	422:13 424:19	511:24 532:1	appropriate
anatomic 483:1	432:13 453:5	533:17 540:21	381:8 511:14
483:6 484:14	454:6,13,15	541:4 542:4,8	545:4
anatomy 486:9	456:20,21	applications	approximate
486:12	457:7,11,13,15	395:11 398:3	324:7 521:6
anderson	457:24 458:17	398:11,16,21	approximately
438:18,20,23	458:19 461:7	471:2,6,10	367:22 407:23
animal 450:18	463:3 467:14	473:14 510:2,6	470:19 521:1,2
459:17	467:14 473:1	510:20	archived 423:5
anne 309:12	481:14 483:18	applied 318:2	423:8
311:10 315:6	491:20 502:5	327:21 376:1	area 394:22
answer 313:21	503:9 516:5	394:21 414:17	470:8 473:17
321:2,3,5,12	519:6	415:14 456:12	512:17

[areas - attributed]

Page 5

areas 419:21 485:8	454:2,11,20 455:1,4,12,15	320:18,20 321:9 323:5	449:22 450:1 475:3 479:16
argue 510:6	455:24 456:17	326:2 330:13	506:23 522:8
argumentative 328:8	484:14 491:10 495:16 496:21	331:18 332:6,7 338:2 343:5	522:13 associations
arises 523:10	497:11,16	359:14 375:24	318:20 354:11
article 319:9,14 320:13,21 321:4,11,13 384:10 388:8 389:22 490:24 491:1 492:19 492:21 494:6 505:23,24 506:10 520:23 522:16 523:3	498:2 529:16 531:6,9,11 532:15 533:4 533:12 asc 381:20 ashcraft 310:14 asked 315:22 317:16 322:1 323:6 327:17 328:20 330:7 357:6 361:20 368:6 379:12 382:16 384:14 385:8 386:4,5 410:7 415:2 422:12 449:17 454:13 456:20 457:7,12 458:17 461:7 463:3 467:14 472:17,24 474:11 481:13 483:17 484:2,3 491:20 493:19 502:4 503:8 505:5 511:9 512:6 518:8 519:5	383:1,22 388:1 389:16 391:22 392:14 430:23 431:6 432:1,1 443:5,6,9 458:13 460:18 491:12 assessment 314:13 assigned 506:7 associated 334:10 335:22 347:24 350:21 351:15,24 352:3,7,14 353:16 354:14 356:3 358:21 359:1,11 360:5 361:6 388:21 390:3 445:20 445:23 466:5 466:13 475:8 478:5 481:5,9 502:19 504:4 508:19 526:20 527:10 association 314:14 325:9 325:11 347:3 352:23 442:15	522:13 318:20 354:11 359:9 441:19 480:3,13 assume 343:2 352:19 365:6 365:16,18 375:24 480:2 528:15 assuming 360:1 485:19 assumption 360:3 attached 311:6 311:16,17 312:2 313:23 545:10 547:7 attorney 381:13 545:12 attributable 318:6,11 506:7 attribute 334:9 335:21 345:18 346:11 347:19 351:13,14 353:24 372:14 375:6 448:1 479:17 527:6 attributed 348:2,5 350:11 466:19

[attributes - birefringent]

Page 6

attributes 447:19	498:10 534:1 534:12,23	486:24	489:4 490:12
attributing 437:17 481:12	539:17	behalf 310:19	490:19 498:4
aunt 514:7	background 390:19	421:20	499:17 500:19
authors 435:13	bad 372:9	belief 379:14	501:24 505:14
average 370:14	461:2 487:12	believable 338:18	508:18 509:11
370:24 371:9	bar 329:20	believe 315:17	511:23 517:9
371:14	330:3,8,17	317:17 322:14	520:7,20,23
avoid 377:15	332:1,17	324:22 325:2	521:13 522:6
aware 387:2,16	337:13	325:18 340:4	523:18 525:11
407:19 428:23	based 318:22	357:9 361:11	525:11,17
438:21 452:20	368:11 397:15	364:23 371:11	534:19 536:10
453:8 454:18	425:11 473:2	377:5 378:9	539:6,10,24
478:7,19	479:1 485:14	379:3 382:22	believed 505:6
489:12,17,22	490:4 495:16	384:9,22	believes 379:8
518:9	496:6 501:20	385:19 388:18	379:12
b	533:16	394:17 395:7	belong 381:22
b 311:5 312:1	basically 379:22	396:1 397:3	bench 439:10
baby 340:24	basis 319:17	398:15 403:14	439:12
394:21 428:17	486:6	405:4,6,14,24	benefit 355:16
437:17 452:10	bates 399:22	406:17 407:6	355:20
452:10 456:6,8	400:9 401:22	407:14,15	best 399:21
456:9,12	beach 396:10	412:3 421:11	better 488:1,2
464:12 470:4	bear 313:14	426:24 427:16	bevacizumab 537:1
497:14 498:2	beasley 310:7	430:8,14	bias 396:21
509:7,13	beat 487:14	438:18 445:1	397:4 512:7,15
511:24 533:12	began 470:4	446:20 448:17	big 395:13
back 338:11	509:7	448:20 449:7	448:21
342:5 346:5,6	beginning 419:3 441:13	451:5 462:5	biologic 314:15
376:6 380:3	497:6	463:4,7 465:8	314:16 325:14
384:4,9 410:19	begins 335:12	466:17 469:23	347:4 448:19
411:1 457:14	335:13,16	470:14 471:14	448:22
457:17 471:16	434:16 445:19	475:7,21	birefringent 417:5,17
478:8 484:1		476:19,21,24	418:16 419:16
		477:16 479:4	419:19 485:5,8
		484:3 486:8,15	

[birefringent - cancer]

Page 7

529:7,11 birth 351:3 374:2 births 409:21 bit 348:8 377:24 399:24 404:1 465:17 465:19 501:8 515:17 522:15 526:10 538:19 bladder 353:10 353:11 blame 362:4 blames 446:12 bmi 378:23 520:9 523:17 524:1 body 324:17 325:18 327:10 327:19 388:7 422:20,21 447:21 470:8 boston 310:23 bottles 470:21 532:16,24 533:5,13 bottom 316:6 393:6 409:1 434:12 437:11 441:14 479:12 530:14 boulevard 310:22 brca 317:12 318:13 349:12	brca1 348:14 349:17 360:10 360:10,14,24 373:24 374:5 377:13 445:22 514:21 brca2 360:14 360:24 377:13 445:22 514:21 break 348:8 392:3 458:22 498:6 533:24 534:7 breakdown 384:22 breast 353:2,4 376:8 377:10 389:22 390:3 513:23 514:18 breastfed 371:17 373:19 breastfeed 466:8 467:7 507:15 breastfeeding 351:4 355:18 371:21,24 466:23 467:3,6 509:1 bring 449:10,14 473:13 brought 449:7 449:12,14 btl 348:5 btls 354:23	budge 409:11 bulge 535:12 bulging 406:16 406:20 407:2 bulk 438:13 bulletin 389:22 518:12 bunch 400:10 bundle 460:9 burke 380:4 384:10 butcher 522:22 c c 310:1 311:1,8 311:12 312:4 313:1 543:6 547:13 calculate 318:21 471:1,5 510:1 calculation 471:7 calculations 496:6 calculator 395:16 471:12 510:4,9,11,13 california 308:14 309:7 309:13,14 calling 435:16 calls 427:3 493:3 516:4 canada 328:13 448:13,15,16	449:8,13,18 cancer 314:4 314:18 315:16 315:17 316:7 316:12,20 317:4,11 318:4 318:9,19 319:1 321:15,21 322:11,13,20 322:23 323:1,7 323:18,24 324:11 325:6 325:15,20 327:6,22 329:6 329:19 331:6 333:10,15 334:1,5,10 335:22 336:7 336:12,17,20 337:9 339:7,11 339:13,18 340:11,20 341:4,12 342:6 343:8,20,24 344:5,7,7,12,12 344:15,21 345:2 346:16 346:19,20,22 346:22 347:1,7 347:11 348:1,4 348:24 349:3,6 349:9,15,23 350:6,20,22 351:1,10 352:1 352:5,8,15,24 353:2,4,5,6,8
--	---	--	---

[cancer - case]

Page 8

353:13,17,19	441:14,16	507:14,20	carolina 488:22
353:21 354:14	443:20 445:13	508:2,8,14,20	carry 393:7
356:3 357:21	445:21 447:19	509:23 512:2	carrying
359:12 361:7	447:24 448:2	512:20 513:23	469:20
362:22 368:5	448:18 450:2	513:23,24,24	carter 311:11
368:15 369:3,5	450:11 451:1	514:3,6,9,12,18	313:9 314:3
369:14,20	452:3,13,22	515:9 516:13	315:7 364:10
370:4,8,18	453:10 454:21	516:24 517:17	case 311:9,13
372:21 373:6,8	455:5,9 456:4,7	519:20 521:8	312:5 314:3
373:12,21	456:12 459:15	523:4,7,10	320:7,8 321:10
374:8 375:5,14	460:15 461:4	524:10,13,22	321:22 324:6
376:8,8,9,9,10	461:12 462:24	526:8 527:5,7	326:8 328:5,12
377:10 379:24	463:1,6,9	527:16,21	333:12,13
380:18 381:17	464:16 466:7	533:20 535:2	335:9 337:4
382:2,24 383:9	466:15,21,22	538:7	341:10,17,23
383:19 385:1	468:3,8,10	cancerous	344:24 345:12
387:12,18,23	469:12,22,24	408:4	346:13,17
388:17,22	470:16 472:23	cancers 340:2	352:19 363:16
389:9,18,23	474:8,23 475:4	343:1,6	364:4,10,11
390:4 391:21	477:22 478:6	carcinogenesis	365:8,12,18,20
393:10,23	479:13 481:5	340:13 348:19	366:1,16
394:5,10,19	481:10 482:22	348:20 349:18	367:23 368:1,9
407:13 410:17	483:2,7,9,16	350:17 357:14	368:13 369:15
425:16 427:23	485:20,23	carcinogens	372:5,24
428:16,19	486:10,12,18	340:1	373:19 374:17
429:10 430:10	487:8,21	carcinoma	381:6 383:17
430:13,15,18	492:23 493:9	355:13 419:7	401:2 414:23
431:15,19	493:24 496:20	475:7 528:10	425:11,14
432:3,22 433:8	497:9,20,23	care 369:1	426:7 427:12
434:19,22	499:9 500:5	500:22 504:16	446:23 447:7
435:15,18	501:4,16 502:2	career 438:2,14	447:12,17
436:5,15,23	502:10,12	439:5	452:20 459:9
437:15,16	503:3,6,12,16	carefully	461:11 464:23
438:24 439:6	503:18 504:17	454:19 545:3	465:1,13
439:18 440:5	505:13,18	cares 439:22	471:17,18
440:11,12,22	506:8,19,24	440:4	472:19 474:3

[case - characterize]

Page 9

478:15 480:5 483:24 485:15 485:17 489:21 492:8 493:22 494:15 495:8 495:15 499:6 500:16 501:2 501:13,17 502:9 504:18 505:2 506:11 506:16 512:6 520:7,21 530:2 542:13 cases 333:23 349:1 375:22 421:21 493:6 500:1 504:13 532:7 categories 471:23 472:1,5 504:10,11,12 505:8 511:15 523:13 categorization 395:18 category 396:17 398:4,9 399:9 472:3 511:14 causal 348:2 350:10 351:13 351:14 353:23 353:24 363:4 374:21 375:7 375:15 425:14 449:9 479:17	480:4,14,17 485:18 487:20 487:23 causation 314:7 318:3 326:18 334:9 335:21 336:22 340:23 345:19 346:12 347:19 383:6 386:18 446:19 500:9 527:6 causative 442:12 444:21 cause 322:11,13 332:2 340:2 341:15 342:6 342:12,13 343:2,24 344:7 344:12,14,21 345:2 347:1 357:21 368:21 380:23 394:16 427:22 428:19 430:17,20 431:1,8 432:3 432:24 437:2 443:12,19 445:12 448:18 452:2,24 454:21 468:22 469:1,7,19 503:11,15,22 504:2,6 508:17 527:5 caused 314:4 322:22 323:7	323:17 343:8 429:9 434:19 436:5,15 440:22 468:7 487:8 causes 321:15 321:21 322:20 323:1 325:20 327:22 340:6 343:20 350:6 350:20 436:23 452:22 453:10 462:24 463:5 468:2 469:4,17 503:5 508:7,14 508:22 causing 314:17 428:15 431:18 455:5 535:12 cdc 381:20 452:21 453:8 454:19 cell 450:18 459:16 524:13 cells 483:16 center 438:24 centimeter 408:3 409:6 centimeters 407:24 409:14 certainly 322:15 377:3 390:16 395:19 398:16 certainty 425:13 485:16	certificate 544:1,12,18 certification 544:23 certified 309:13 544:1,2 certify 544:3 547:3 certifying 544:25 cervical 492:23 493:23 cervix 411:17 411:20 412:5 417:12,14 433:19 cetera 348:6 354:24 chair 488:21 challenging 347:17 chance 316:12 316:20 338:5 374:8,10 540:17 chances 384:21 441:18 442:13 change 391:15 546:4 changes 545:9 547:6 chapel 488:22 characterizati... 338:21 characterize 524:3
---	--	--	--

[characterizing - compound]

Page 10

characterizing 396:15 chart 390:1,24 391:19 chat 337:24 402:11,23 403:2 404:7,9 404:13 539:22 539:23 540:7 chemical 420:16 chemotherapy 536:2 cheryl 308:13 309:1 311:2,8 311:12 312:4 312:11,13 543:6 547:13 child 466:23 children 373:20 377:16,17 409:21 466:12 480:21 507:12 507:15 515:11 choose 415:6 506:3 chronic 358:17 citation 390:24 391:2 506:3 522:16 cite 442:16 cited 416:20 465:20 506:5 520:24 524:16 cites 487:6	citing 416:16 425:23 426:4 518:11 claiming 488:11 clarification 360:8 clarify 367:19 484:13 486:19 clarifying 484:10 527:2 clarke 459:21 460:1 482:7 486:3 487:2,5 487:17,22 488:10,13 489:20,23 490:3,13 491:11,13,22 492:7,10 493:12 494:10 495:10,12 496:12 500:11 500:13 506:5 532:22 533:2 classified 510:16 clear 313:16 347:21 363:24 364:6,18 458:8 458:11 524:13 clearer 375:20 clearly 345:17 383:6 431:7 432:6 466:22	clinic 460:6,7 clinical 439:11 477:22 489:13 518:12 close 489:8 closer 522:24 closest 440:19 446:17 cohort 328:13 395:18 396:7 396:20 492:11 506:17,22 511:9 colleagues 399:6 473:18 512:19 collectively 361:16,20 362:10 colon 376:8 513:24 colonial 309:5 combination 537:1 combined 537:7 come 442:20 446:18 450:19 451:10 490:3 495:12 498:9 498:16 505:11 533:24 534:12 comes 318:8 408:9 comfort 517:22 518:4,7	comfortable 409:19 coming 405:5 459:9 463:15 comment 335:4 378:2 388:6 comments 482:6 commerce 310:9 commission 547:18 committee 489:13 518:12 541:8 common 410:17 commonly 527:10 community 346:24 compare 491:15 494:11 complaint 409:10 complete 403:23 412:9 completely 517:24 complex 409:7 complications 542:1 components 420:16 compound 357:6 361:23
--	---	--	---

[compound - contributed]

Page 11

495:22 526:10 comprehensive 368:24 369:12 390:5,16 conceived 377:23 conceiving 377:23 concentrate 419:21 concept 374:20 462:7 498:1 conclude 482:16 501:18 concluded 434:18 435:13 436:4 450:23 474:6 543:6 concludes 437:2 487:18 concluding 542:10 conclusion 323:23 324:4,9 326:17 327:4 329:4,7,10 330:2,3 331:4 332:20 333:5,9 334:4 369:8,11 381:15 383:17 425:9,18,20 426:9 450:19 451:10 452:17 452:19 464:6 464:14 485:13 489:20 490:4	490:18 495:13 501:2,15 505:12 conclusions 326:6 426:5 447:16 459:10 487:11 488:9 490:9 492:3 495:8 541:21 condition 534:3 535:20,21 536:21 conditions 479:15 conducted 358:6 conduit 403:9 confer 477:9 conference 309:2 confidential 365:11 confirm 528:9 confirmed 402:9 409:8 419:6 510:13 confirming 408:10 conflicting 406:9 confused 476:10 477:17 523:23 confusing 331:17 501:8	consider 341:9 371:12 379:19 380:17 454:2 461:12 474:21 478:23 489:23 496:16 497:1 497:10 516:24 517:15 527:4 536:18 538:22 consideration 496:22 considered 312:10,12 314:9 363:15 364:2 365:12 372:14 461:4 461:12 471:17 502:2 505:22 514:11 537:11 considering 314:3 427:21 502:8 508:5 consistency 314:14 347:2 consistent 325:13 347:3 411:24 449:6 501:23 525:13 529:15 consistently 447:21 479:5 constituents 340:24 452:9 456:8 497:14 533:21	constitute 352:23 353:20 constitutes 352:13 contain 484:15 485:8 contained 326:18 452:1 contention 487:7 continue 326:24 343:22 346:8 continuous 314:20 continuum 337:16 contraceptive 509:3 contraceptives 351:18 355:20 466:9 507:17 contradicts 355:24 contribute 329:18 332:1 333:24 340:20 357:13 358:16 387:18 428:18 433:7 450:10 496:19 497:8 501:4 contributed 323:23 325:5 327:5 329:5 331:5,8 333:9
--	--	---	--

[contributed - correctly]

Page 12

333:15 334:4	512:6 544:24	408:1 409:22	493:15 494:15
336:6 337:8	controversial	412:11,18	495:17 496:6
341:11 368:4	361:13	414:15 416:10	499:10,11,14
388:16 393:9	converse	417:1,2 419:9	499:16,17
394:4 429:9	537:17	419:10,22	502:3,6,13
464:15 472:22	copy 544:10	420:6,7 424:24	503:12 504:2
474:7 501:16	correct 321:16	425:7,18,20,24	504:10,19,21
505:13 509:2	327:14 329:20	426:2,5,11,22	505:2,24 507:3
527:16	333:16 334:6	426:23 428:21	508:17 509:23
contributes	338:12 347:14	429:11,14,16	510:16 513:3
346:24 350:24	349:19 350:2	431:19 433:20	513:11,17
376:24 377:2	350:12 351:13	437:4,5 441:2	514:15,18,19
contributing	351:20,21	444:3,19 447:6	514:21,22,24
336:19 347:10	352:11 353:23	447:12 448:8	515:11,19,20
368:21 394:16	354:22,23	448:11 449:9	517:10 519:4,7
428:15 436:22	355:2 362:16	454:3,5,11	519:10,11,13
437:2 443:12	363:4,5,18	455:13 456:1	519:14,21,24
443:19 445:12	365:20 367:16	456:18 460:16	520:3,6,11
450:24 469:1	367:23 369:17	460:24 461:17	523:5,19
469:17,17	370:15 371:1	461:24 462:12	525:21 526:3,9
487:19 503:22	371:11,13,17	462:18 463:1	526:18 527:5
504:2,5 508:13	371:18,20	464:19 468:22	528:7 529:2,12
508:17,22	372:1,15	468:23 469:1,2	529:13,16
contribution	375:15,19	470:2,5,6,9,13	530:17 531:12
337:3 341:22	377:10,13,14	470:14,16	532:8 536:11
341:22 346:19	377:16,17,20	472:12 475:17	538:1,7,8 541:8
357:4 422:22	378:6,8,24	475:18,20,22	541:11,12,13
500:4	379:16 380:8	477:12 478:15	542:8,9 544:10
contributor	386:16 387:7	479:7,14	547:4
503:17	387:13 388:3	481:22,23	corrections
contributory	388:24 389:4	482:4,8 483:23	545:3,5 547:6
425:14 485:17	390:6 391:1,10	484:21,24	correctly 367:2
487:19	391:21 392:1	485:10,11	375:10 401:12
control 328:5	394:16 395:2	486:3 488:9,12	442:2,6,7,21
328:12 351:4	398:17 399:2	488:23 489:3	443:15,16
374:2 492:8	406:5 407:21	489:10,11,21	464:17 490:10

[correctly - curry]

Page 13

522:10 542:5 corroborated 399:12 counsel 310:3 426:21 counseled 388:20 counselors 388:20 count 353:12 couple 459:24 484:6,9 529:5 course 374:9 472:18 484:11 court 308:1 545:15 courteous 392:13 cover 490:21,21 490:23,23 492:4,5,8,8,11 492:11 493:13 493:13 494:6,7 494:11,11 covered 317:18 319:17 321:18 326:9,15 352:16 380:5 383:11 390:9 390:13,16 430:20 431:22 450:4 481:15 cramer 398:9 create 518:14 creating 517:4	credible 323:22 324:9,15 325:1 325:22 326:1 327:3,8,16,21 328:15 329:3 329:16 331:3 333:8 334:3 382:1,23 383:7 464:13 501:14 criteria 495:17 495:20 critical 399:6 425:22 440:23 447:15,16 473:19 512:20 criticism 361:19 437:20 446:6 criticisms 424:4,21 criticized 423:12 criticizing 486:20 crow 310:7 crp 358:11,13 359:19 csr 308:25 544:17 ct 406:20 409:8 cul 525:12,17 culture 459:16 cumulative 318:17,21 319:11 320:17 435:11 462:3	cured 536:18 538:22 current 368:11 473:3 501:21 505:14 534:3 535:20,21 536:20 538:3 currently 536:12 curry 310:20 314:24 315:3 315:21 316:13 316:22 317:15 317:24 318:15 319:7,13,16 320:19 321:17 321:24 322:5 323:13 324:19 326:3 328:3,7 328:16,19 329:11,21 330:9,19 331:9 331:12 332:3,7 334:15 336:8 337:5 338:22 339:14 340:21 341:13 342:11 343:12 344:1,8 344:11,16,23 345:4,11,20 347:13 348:15 350:3 352:2 356:10 357:5 359:16,23 361:21 362:3 362:17 363:22	366:9 367:4,13 368:6 369:18 370:16 372:7 372:16 374:22 376:18 379:9 380:9,22 382:7 383:4 384:1 385:13,23 386:17 387:19 388:4 389:2,11 390:7,14 393:14 394:6 395:21 396:11 396:22 397:5 398:5,18 399:7 402:8,14 407:3 408:7,21 409:23 410:23 411:12 412:2 412:19 413:5 414:4 415:8 416:3,18 417:19 418:5 418:21 419:14 419:23 420:18 421:3,14,24 422:11,24 423:14 424:8 424:14,23 425:5 426:1 427:3,13,24 428:20 429:15 429:21 430:5 430:19 431:4 431:12,20 432:4,13,16
---	---	--	---

[curry - deficiency]

Page 14

433:5 435:8,23 436:9,20 437:8 438:6,15 439:7 439:13,19,24 440:6,14 441:23 443:21 444:7 445:4,15 446:2,14,21 447:2 448:9 449:11 450:3 451:3,16 452:5 452:23 453:11 454:4,12,22 455:14 456:2 456:19 457:2,5 458:9,16 461:6 461:19 462:4 462:13 463:2 463:21 465:2 465:14 467:2 467:13 468:4 469:5 471:20 472:8,24 473:8 473:21 474:10 475:12,23 476:7 477:13 480:6 481:1,13 482:13 483:4 483:17 484:16 488:17 489:15 490:1,15 491:5 491:18 492:13 493:2,16 494:16 495:18 496:7,23 497:12 498:7	498:14,24 501:6,19 502:4 502:16 503:8 503:19,23 504:20 505:3 506:13 507:1 508:9,23 510:12,17 511:4,12,21 512:8,21 514:14 516:3 516:14 517:1 517:11 519:5 519:22 520:17 521:9,16 522:11 523:11 525:2 526:12 527:17 528:18 529:1,21 530:12,19 531:2,13,22 532:18 533:6 533:14 536:4 537:14,19 539:3,10,14 540:2,8,23 541:14 542:15 542:21 543:4 curve 347:5 cut 363:23 432:17 485:19 cycles 372:2 cystocele 405:2 405:8,13,19 406:12,24 407:8 408:5	409:5 412:17 413:14,23 414:11 415:11 535:16 cytoxan 537:2 d d 313:1 daily 385:22 464:12 470:7 471:9 473:6,12 473:17 509:18 510:5 512:11 damage 355:12 355:13 356:2 daniel 487:2 data 323:22 324:10,16 325:16,22 326:1 327:4,8 327:16 328:15 329:4,17 331:4 333:8 334:3 351:2 377:24 382:1,23 383:8 388:19 462:6 464:14 501:14 524:11 541:24 date 364:15 391:3 451:8 463:9 497:18 544:14 545:7 dated 326:19 364:22 460:2 535:23 536:23 538:16,18	541:13 547:10 david 311:18 311:23 312:8 dawn 310:20 321:22 346:6 401:24 459:1 539:8 542:19 dawn's 321:7 day 394:22 397:3,21 470:18 547:17 days 322:6 395:10 545:12 dc 310:16 de 525:12,17 dearing 311:18 311:23 312:8 decades 385:22 december 535:23 536:11 536:16 decline 457:1 decrease 348:4 384:21 463:11 518:15 decreased 373:3 466:14 466:20 deemed 491:15 491:16 545:15 defendants 310:19 defense 526:8 deficiency 349:14
---	--	--	---

[define - development]

Page 15

define 413:20 475:13 503:11	deponent 547:1	designing 358:23	380:18 382:2
defines 441:17	deposed 495:4	despite 349:10	382:24 387:23
definitely 402:10	deposing 545:12	detail 395:3	394:10 433:7
definition 396:15 444:20	deposition 308:13 309:1 311:7 312:3	529:23	435:18 441:18
definitions 338:18 339:4 445:2	319:19 366:22	detailed 314:8 384:12	442:13 447:24
definitive 499:15	368:18 383:13 387:5 395:1 397:10,17	detect 419:15	455:8 456:4,11
degree 353:2,12 376:22 413:2 425:12 485:16 514:4	428:9 434:12 435:14 454:7 470:4 474:5 490:20 493:6 493:19 494:5 500:15 506:6	determination 419:2 431:11	466:6,14,20
degrees 412:22	532:23 543:5 545:2,10,13,14	determine 351:19 368:2 376:16 418:19 431:2 432:2 472:21 503:15 529:15	468:10 469:12
delineating 330:11	depositions 314:11 459:19	determined 329:16 430:17 445:11 452:1	469:22 486:17
demonstrated 475:3	472:2 474:13	determines 420:15	497:19 506:8
demonstrates 447:22	depth 490:6	determining 443:18	506:19 507:14
demonstrating 521:23	describe 314:2 479:16 500:2 525:22	develop 325:15 349:6 461:18 461:23 466:21 487:8 503:2	508:1,20 512:1
denies 469:24	described 314:7 406:4 415:12 459:12 500:6 525:12,16	developed 437:15 486:10	514:9 523:7
department 422:6 488:22	describes 407:20 525:23	developing 316:12,20 317:11 324:11 333:15 337:9 347:7 348:23 352:4 353:21 368:14 379:24	524:12,21
depend 422:20	describing 405:23 520:16		526:21 527:21
depending 374:6 510:22	description 496:11		533:20
depends 392:10 398:6,12 422:18 423:1			development 323:24 325:6 327:5 329:5,18 331:5 333:10 333:24 334:5 334:10,12 335:22,24 336:19 339:20 342:22 348:1 349:3 350:22 350:24 351:10 352:1,8,14,24 353:16 354:14 358:17,22 359:12 361:6,8 362:22 368:4 369:3 384:24 393:9 394:18 425:15 430:9 430:15 431:14
depo 471:22			

[development - document]

Page 16

432:22 451:1 452:13 464:15 468:3 472:23 474:16,22 475:4 483:9 485:22 493:8 496:20 497:9 497:23 500:5 501:4,16 504:4 512:20 517:16 522:2 develops 354:12 357:23 359:10 360:2 360:13,23 362:12,15 463:9 deviating 406:18 devoted 439:5 diagnosed 370:20 377:6 460:14 470:16 499:9 509:22 536:8 538:18 diagnosing 526:16 diagnosis 370:18 393:1,3 393:4 419:6 434:18 499:15 520:10 524:2 dictionary 338:17 die 538:12	difference 330:11 389:10 475:16 different 313:21 322:12 332:11,12 333:11 337:16 382:17 389:4 395:8 448:4 450:13,15 489:20 490:18 501:18 516:17 537:15 differential 434:18 524:21 differentiated 419:6 difficulty 409:3 digestion 420:9 420:11 direct 324:2 441:1 544:24 directionality 373:17 directly 323:21 326:13 343:4 352:18 357:16 disagree 316:17 319:5 338:20 413:1,6 431:12 444:5,11 445:6 445:9 486:5 507:4 disagreement 486:7	discontinued 470:12 509:21 discovered 407:5 discrepancies 325:12 discuss 384:5 416:20 discussed 351:18 376:20 384:2 391:7 394:8 428:10 445:1 459:16 476:18 500:1,8 discusses 428:7 discussing 320:14 376:3 384:16 discussion 338:8 400:4 416:15 429:13 430:2,7 431:3 455:24 492:24 516:9 539:12 disease 315:16 317:6 334:12 335:24 342:22 354:12 357:23 358:22 359:1 359:10 360:2,6 360:13,23 361:9 362:12 362:15 370:2 370:20 372:22 372:24 373:1 409:10 441:18	441:20 442:13 461:5,13,18,23 474:15,17 477:10 502:3 502:19,22 504:4 509:4 513:16 525:14 525:18,24 526:21 537:4 538:1,13 dismantling 544:11 dispersive 420:13 disregard 431:10 disruption 355:11 dissect 360:18 dissecting 360:17 361:3 distracting 463:18 district 308:1,2 division 489:2 dna 355:13 356:2 doctor 414:8 537:13 document 331:20 391:1,9 391:22 401:15 401:20 403:1 406:24 407:1 502:24 534:6 534:20 539:24
--	---	--	--

[document - elucidated]

Page 17

540:6,18,20 541:3 documentation 520:4 536:23 documented 397:16 406:23 414:10,13 499:21 515:15 519:24 documents 341:19 365:11 371:6 380:15 400:7 402:3 408:12 415:18 415:20,21 474:9 504:8,12 doing 378:20 396:7 545:6 dollars 440:12 dose 325:13 347:5 dots 479:11,11 dr 312:11,13 313:5 315:6,15 320:7 326:12 364:22 381:11 400:24 403:3 407:7 408:17 409:2 414:5,9 414:10,13 416:1,9,15,16 416:17,20,21 416:22 417:1,4 418:15 419:4 420:22 421:10 421:13,23	423:4,19 424:20 425:3,9 425:18,23,23 426:5,7,8,11,12 426:12,14,21 428:4,5,6,7,10 428:23 429:4,5 434:5,5,17,24 436:3 437:12 437:21,23 440:19 441:3,4 442:9 443:1,2,5 443:18 444:24 445:10 446:6 446:23 447:3,5 447:10,11,13 447:16 448:7 448:13 449:3,5 449:6 458:11 459:7,21 460:1 477:21 481:24 482:4,7,8,11,15 482:16 483:13 484:19 486:2,5 486:20 487:5 487:10,17,18 487:21 488:5,8 488:10,11,13 489:19,23 490:2,13 491:11,13,21 492:7,10 493:12 494:10 495:10,12,14 496:2,9,12,12 498:20 500:11	500:11,11,13 506:5 525:5,12 525:19 526:15 527:15,23 528:6,9,23 529:11 530:1 530:18,24 531:6,10,18,20 532:7,11,12,14 532:20,22,23 533:2,3,8,11 534:23 538:17 540:17 542:11 542:24 drama 494:22 dramatically 494:14,18 draw 492:3 due 341:7 duke 439:3 489:3,4,7 duly 544:6 duration 397:23 512:3 e e 308:12 310:1 310:1 311:1,5 312:1 313:1,1 522:23 546:2 e.g. 348:5 earlier 317:3 384:14 394:8 540:1 541:4 earliest 495:6	early 466:23 507:11 easiest 314:23 easy 523:23 eds 420:5,8 485:9 529:12 effect 372:4 380:2 399:6 443:14 455:7 effects 435:12 536:2 efficient 460:21 effort 368:17 eight 507:18 536:12 538:19 either 318:4,7 318:19,24 353:10,11 354:13 359:11 361:24 362:7 373:11,12 375:5 376:1 427:2 430:1 462:11 477:17 477:18 502:11 502:24 518:11 elevated 358:11 elicit 313:21 eliminating 355:22 elucidated 334:12 335:24 336:5,14 337:4 337:19 339:5,9 340:3,7 342:22 343:3,6,15,16
--	--	---	--

[elucidated - except]

Page 18

343:21 346:14 347:12 348:13 349:19 350:1,5 350:18 372:4 elucidation 337:13 emeritus 422:4 422:10,14,17 emphasis 467:17 employed 438:9 ended 345:24 endometrial 376:9 513:24 endometrioid 499:9 509:22 524:14,15 527:9 528:10 endometrioma 523:10 524:20 endometriosis 317:13 478:18 507:9 515:17 523:5,8,14 524:8,10,12,18 524:19,23 525:1,6,9,18,20 525:23 526:2,6 526:7,16,19 527:4,7,11,12 527:14 528:12 528:14,16,23 energy 420:13 enter 471:7 511:8	entering 396:20 512:5 entire 359:4 455:15 entirely 433:15 493:18 entirety 390:14 491:24 492:19 environment 401:11 403:20 envision 368:1 472:19 474:3 501:2,9,17 epidemiologic 495:2 epidemiology 450:18 459:17 505:15 episode 371:23 equivalent 356:7 396:9 446:11 errata 545:5,6 545:9,11 547:8 especially 378:23 esq 311:18,23 312:8 esquire 310:4,5 310:6,13,20 essentially 488:4 establish 318:3 established 317:2 339:7,10 339:17 393:17	434:22 481:21 estimate 365:22 392:14 estimated 428:24 estimates 456:17 495:15 estrogen 386:14 et 348:6 354:24 evaluate 356:14 evaluation 469:4 evaluations 365:13 evening 543:3 evenings 409:18 event 356:1 events 351:7 355:17,23 371:23 467:10 everybody 314:22 evidence 314:15 342:3 347:4 377:19 389:8 406:9 409:7,9 417:21 417:24 425:14 429:19 435:11 455:12 469:10 469:20 478:17 485:17 486:16 487:20 491:13 507:9 515:7,13	516:23 517:8 517:14,19 525:8 exact 321:24 323:8,15 360:12,22 382:11 390:11 408:13 412:24 463:8 exactly 333:6 335:2 353:9 359:17 374:4 381:9 387:8 401:5 420:10 442:19 463:5 516:6 exam 405:7 406:17 408:6 409:5 examination 311:2 313:3 544:8 examine 411:5 411:19 418:9 examined 530:4 example 315:11 317:8,10 332:15 340:5 343:9 355:8 358:9 373:24 520:23 exceeded 319:20 exceeds 351:6 except 547:6
--	---	---	---

[excessive - factors]

Page 19

excessive 371:13 372:12	460:2 464:7 472:2 474:5	external 401:9 401:10 403:18	468:8 469:14 474:22 476:13
exclusions 396:13	496:13 498:20 498:24 500:10	403:20 412:10 412:12 482:19	476:23,24 479:7 507:13
exclusively 439:5	525:5	extrapelvic 409:9	508:3 514:12 515:23 516:12
excuse 532:10	expert's 526:8	extremely 440:23	517:9,16 519:3 519:10,13
exercised 451:1	expires 547:18	extruding 411:8	526:7 527:19
exhibit 314:20 315:4,7,8 332:22 333:1,2 366:11 370:6 378:13 389:20 400:21 401:1 416:2,4 434:6 459:4 476:14 499:2,7 513:6 527:24 537:6 537:20,21 539:2,4,20 540:10,18	explain 337:19 355:4 389:13 448:19,21	f	factors 316:5,6 316:10,11,18 316:19,24 317:1,2,5,14,21 317:23 318:6 318:18,20,23 319:12 320:3 320:17 334:9 335:21 336:13 336:18,22 339:17 346:12 347:19 348:3,3 350:11 354:8 354:13,16 356:24 358:4 359:9,10 360:5 361:5,8 362:21 369:3,17,22,24 370:8 372:4,20 373:24 374:2 374:20 375:14 376:7,17 380:7 380:14 394:3 394:14 434:22 435:12 436:12 436:17 445:20 461:17,17,23
explains 485:2	explained 355:14 477:4	face 356:15 395:4,12 470:24 523:20	
explanation 338:15 437:14 446:12	exploring 525:21	fact 318:8 343:14 349:10 356:1 358:12 358:18 480:20 486:10 502:23	
exposed 401:10 403:19	exposure 428:24 429:9 430:3 431:17 454:10 455:24 456:17 495:16 532:7,11	factor 315:20 316:2,4 336:5 337:8,11 339:23 350:23 351:10 357:19 358:21,24 375:7,13 376:11 377:3 378:12 379:8 379:15,20,23 380:17 386:9 386:15,22 393:12 436:7 441:17 442:12 443:12,19 444:21 450:24	
experiment 358:18	extended 397:23		
experiments 358:5,7,23	extensive 363:18 472:7		
expert 311:8,12 311:20 312:4 314:12 315:6 326:18 332:19 332:24 368:19 383:17 401:1 403:3 454:9	extensively 383:12 390:10		
	exteriorized 412:13,14,16 413:4,12,15,20 413:21		

[factors - form]

Page 20

462:2,2 463:11 465:10,13 467:1 468:1 474:16 476:18 476:23 478:9 478:22 479:22 500:22 502:11 502:11,17,20 502:21,22,24 504:3 507:5 508:6,7,21 513:6,10 514:1 516:7,22 527:3 factually 435:21 fail 545:14 failure 430:24 fair 361:19 363:10,11 365:21 376:3 388:10 496:22 500:23 501:5 502:14 505:13 524:5 527:1 fairness 377:22 447:10 fall 396:17 398:4 399:8 437:13 fallen 437:12 falling 409:11 409:13 family 317:13 347:24 352:12 352:13,17,22 353:1,3,4,5,7	353:15 354:22 357:2 362:14 376:7,21,23 470:1 513:23 513:24 514:10 far 351:6 355:20 393:3 395:19 441:21 442:22 fashion 318:6 318:22 490:14 fathalla 355:10 faulty 448:16 fda 381:21 452:21 453:9 454:19 february 364:15 366:7 366:15 367:11 feel 421:6 feeling 406:4 409:13 feels 409:19 fell 440:20 felt 412:6 female 403:8 fh 478:4,5 fiber 530:11 fibers 429:2 430:17 431:18 432:3 484:14 532:15 fibrous 529:18 530:10 figure 358:24 360:4	file 399:18 final 433:10 find 324:7 335:9 354:4,9 358:11,13 368:21 400:19 401:14 432:20 440:20 446:7 509:13 528:12 528:16 530:2 531:1,6 534:5 finding 400:1 483:14 484:13 findings 419:8 420:23 423:22 424:3,7 425:11 428:7,11 483:3 485:15 488:5 488:11 530:18 fine 320:6 321:13 334:7 346:3 392:18 402:18,21 446:17 finish 346:2 382:11 392:3,5 finished 321:1 firmly 384:22 first 324:4,9 353:2,12 370:12 376:22 382:18 403:7 404:10 409:1 410:19 442:6 466:12,23 480:21 494:14	495:24 507:12 514:4 fish 310:21 fit 387:3 five 316:18 317:5 336:11 366:19 386:15 392:16 479:11 534:12 538:21 flare 494:21 flip 351:17 flips 463:24 fluid 409:7 focus 329:6 331:7 419:20 focusing 327:7 follow 315:11 followed 409:8 following 485:7 529:10 535:2 535:10 footnote 434:12 footnotes 487:1 foregoing 544:4 544:23 547:3 foreign 419:19 forget 407:24 forgot 518:24 form 315:21 316:13,22 317:15,24 318:15 319:7 319:13 320:5 320:19 323:13 324:19 326:3 328:3,16,19
---	--	---	--

[form - full]

Page 21

329:11,21	427:24 428:20	502:16 503:19	425:3,13 428:4
330:9,19 332:3	429:15,21	503:23 504:20	435:2 446:13
336:8 337:5	430:5,19	505:3 506:13	466:18 478:1
338:22 339:14	431:20 433:5	507:1 508:9,23	481:4 482:16
340:21 341:13	435:8,23 436:9	510:17 511:4	483:6 485:17
342:11 343:12	436:20 437:8	511:12,21	486:9,11
344:1,8,16	438:6,15 439:7	512:8,21	487:19 525:20
347:13 348:15	439:13,19,24	514:14 516:3	527:15 528:23
350:3 352:2	440:6,14	516:14 517:1	530:3 531:7,11
356:10 362:17	441:23 443:21	517:11 519:22	532:24 533:4
367:4 369:18	444:7 445:4	520:17 521:9	533:11
370:16 372:7	446:2,14,21	521:16 522:11	four 327:18
372:16 374:22	448:9 449:11	523:11 525:2	328:1 366:18
376:18 380:9	450:3 451:3,16	526:12 527:17	367:3,22
380:22 382:7	452:5,23 454:4	528:18 529:1	479:11,15
384:1 385:13	454:12 455:14	529:19,19,21	501:24 504:13
385:23 386:17	456:2,19 458:9	530:12,19	542:13
387:19 388:4	458:16 461:6	531:2,13,22	fragrances
389:2,11 390:7	461:19 462:4	532:18 533:6	395:8
393:14 394:6	462:13 463:2	533:14 536:4	free 409:7
395:21 396:11	465:2,14	541:14 542:15	frequency
396:22 397:5	467:13 468:4	547:7	512:3
398:5,18 399:7	469:5 471:20	former 489:9	frequent
407:3 408:7	472:8 473:8,21	formulating	397:15 473:6
409:23 411:12	474:10 475:12	497:7 500:3	510:16,21
412:2,19 413:5	475:23 476:7	forth 379:22	frequently
414:4 415:8	477:13 480:6	384:3 456:5	438:23
416:18 417:19	481:1 482:13	486:13 518:9	front 331:16
418:5,21	483:4 484:16	544:5	332:22 370:10
419:14,23	488:17 489:15	fortunately	379:22 434:5
420:18 421:3	490:1,15 491:5	472:13	441:4 523:2
421:14,24	492:13 493:2	forty 397:19	frustrate
422:11,24	493:16 494:16	found 358:13	313:21
423:14 424:8	495:18 496:7	358:18 388:15	full 322:6
424:14,23	496:23 497:12	417:4,13	388:23 409:19
425:5 426:1	501:6,19	418:15 421:1	477:11

[fully - godleski's]

Page 22

fully 337:4 340:3,6 343:21 347:12 349:19 350:1,4,17 351:20 372:3 function 348:24 349:22 437:19 further 354:3,7	452:24 455:16 463:1 476:2 486:13 500:9 505:19 521:24 526:21 542:12 generally 364:17 367:14 generations 353:19 genes 348:21,24 349:13 377:13 378:10 389:5 445:21,23 478:2 481:7 515:21 genetic 350:5 378:9 388:16 388:20,24 390:2 477:16 519:19 genetics 477:22 genital 394:22 403:9 470:8 473:17 512:17 genitalia 401:9 403:18 genitourinary 353:8 gerel 310:14 germline 347:22 348:11 348:14,22 349:5,11 350:12 354:21 356:24 357:12 360:9,24	362:12 393:7 393:12,21 469:10,20 478:2 479:18 480:22 481:7,8 481:16 getting 363:2 370:2 374:8,11 389:13 427:10 456:7 507:19 ghost 463:20 give 313:13 369:14 373:16 390:19 399:23 408:18 410:23 450:9 474:18 476:15 487:14 505:5 518:4 542:12 given 538:21 547:5 gives 442:16 446:8 giving 427:21 455:3 488:8 glean 467:11 gleaned 387:5 go 315:11 334:22 338:11 349:23 358:23 368:16 378:11 380:3 392:19 399:18 400:7 400:17 401:8 402:21 403:1 404:3 408:15	408:22 435:9 445:18 465:10 468:18 471:16 472:14 476:14 476:22 478:8 481:24 483:21 484:1 506:14 507:5 513:5 519:15 524:7 527:22 534:6 535:19 538:14 539:17 540:13 541:22 godleski 311:19 311:24 312:9 416:20 421:10 421:13,23 424:20 425:3 482:16 483:13 484:19 486:5 487:18 488:8 500:11 528:6,9 528:23 529:11 530:1,24 531:6 531:10,18,20 godleski's 416:1,9,15,17 416:22 417:1,4 418:15 419:4 420:22 423:4 423:11,19 424:7 425:9,18 425:23 426:5,8 426:12 481:24 482:4,8,11,15 486:20 487:6
g			
g 313:1 garg 538:17 gathered 371:5 gene 349:22 388:24 478:4,5 514:23 515:1,2 general 314:7 319:18,21 321:9 326:5,7,9 326:18,22 335:7 340:23 341:15 342:12 342:13 345:23 345:24 364:2 365:19 367:15 379:10 380:23 383:6,12 384:6 386:18 388:6 390:9 391:24 401:1 403:3 408:12 421:18 430:20 431:8 432:6,24 441:11 447:3,4 447:11 450:4 451:4 452:6,24			

[godleski's - home]

Page 23

487:10,22 488:5,11 527:23 529:4 530:18 goes 349:14 442:11 going 313:17 315:10 321:8,8 343:22 345:8 345:22 348:7 361:13 365:16 365:18 366:9 376:6 379:20 380:3 383:4 385:24 388:6 392:22 393:24 411:19 415:7 432:4,23 453:20,22 459:1 464:6 472:16 479:19 481:18 485:13 486:23 491:15 522:22 534:23 539:8,19 good 313:5,6 361:24 365:15 442:3 474:14 498:5 534:14 543:3 goodbye 543:4 grade 413:14 460:14 475:6 479:5 538:6,8 gradient 314:15 325:14	347:4 448:22 grande 309:5 grandmother 514:5 grasp 451:9 great 366:13 400:16 514:7 537:13 greater 316:11 378:24 524:1 group 460:4 483:13 guess 472:11 519:2 guys 463:19 gyn 438:10 488:15 gynecologic 489:3 541:10 gynecological 523:4 gynecologist 405:1 gynecology 488:22 535:5 gyns 408:13	hard 375:6 harvard 422:4 422:10 423:5 hboc 390:24 head 418:7 426:7,11 489:2 heads 313:13 health 328:13 400:9 448:13 448:15,16 449:8,13,18 healthcare 381:20 hearing 349:17 hears 463:24 held 309:1 338:8 400:4 539:12 help 379:4 424:6 535:6 helped 373:4 509:3 helpful 390:20 401:23 402:2 hereditary 389:22 390:3 heterogeneous 379:24 384:8 384:13 high 460:14 475:6 479:5 523:17 538:6,8 higher 330:17 332:17 337:13 398:10,16,24 399:1	highest 398:4 hiker 387:6 hill 488:22 histologic 419:5 histologies 475:5 524:14 histology 475:9 477:6 484:20 484:23 524:15 527:8,9 528:6 historically 369:23 history 317:13 347:24 352:12 352:13,17,22 353:1,3,15 354:22 355:18 357:2 362:14 368:24 369:13 376:8,21,24 377:10 392:24 396:21 404:21 411:4 470:1 474:12 500:22 504:16 509:1 513:23 514:1,2 514:10,18 histotypes 479:3 516:18 hold 323:9 331:12 410:21 410:23 421:5 496:17 540:2,4 540:8 home 532:16
	h		
	h 311:5 312:1 hand 366:10 happen 463:22 happening 406:3 410:1,14 410:18 happy 362:6 380:4 495:22		

[homologous - included]

Page 24

homologous 349:13	360:4 361:4 362:16,24	491:8 507:6 525:6 531:20	427:11 429:19 456:9 491:16 500:20
honest 487:13	hypothesis 327:12,21	identifies 420:17	inaccurate 435:2
honestly 360:16	355:9,10 356:5	identify 363:3	inaccurately 405:22
hope 361:10	356:6,15,18,19	369:16 393:9	inactive 387:17
hormone 347:23 351:22	356:20,24	393:13 399:21	incessant 347:22 350:14
351:24 354:21	357:12,15,20	434:21,24	350:16,20,21
357:1 362:13	358:1,15 359:2	436:7,17,19,22	350:23 351:9
386:10,24	359:15,22	437:3,15	351:12 354:21
466:10 478:10	360:14 361:1,9	465:12 485:4	355:8 356:2
479:19 481:20	362:19,23	503:17 504:1,3	357:1,7 362:13
481:21 507:20	hysterectomy 542:3	504:5 526:2	371:19 372:13
519:9 520:2,5	i	529:6 541:7	479:17,18
hospital 526:1	iarc 328:13	iliac 482:19	480:15,19
hospitals 438:10	430:16 431:7	illness 411:4	481:11
hotel 309:5	431:13,17	imaging 405:3	incidence 441:9
hours 345:22	432:2,23 521:7	406:22 407:8	incision 386:3
366:8,15,19	521:14	408:10	518:14 540:22
367:1,6,21,22	iarc's 431:10	impact 336:13	541:5 542:8
367:23	idea 323:1,5,12	424:21 433:3	incisions 384:19 385:3
houston 438:21	396:23 397:6	496:16	include 351:11
huang 358:9	397:13 532:3	impacted 369:4	366:21 367:12
359:19	identification 315:9 333:3	369:10	379:6 424:4
hundred 373:6	400:22 416:5	impactful 373:14	430:24 459:10
374:14,20	434:7 459:5	imperative 545:11	479:24
375:1 462:12	499:3 528:1	implausible 356:7,19 357:4	included 364:12 365:4
hundreds 373:15 439:16	529:10 537:22	importance 422:21	365:11 367:18
440:11	539:5 540:11	important 341:9 368:23	432:9 445:3
hygiene 464:13	identified 353:9	369:14 380:16	460:6 480:20
hypotheses 354:15 355:4,6	362:20,21	426:18 427:2	494:24 528:24
356:9,11 357:3	393:21 399:9		
358:8 359:13	420:6 483:1		

[included - interrupt]

Page 25

542:12 includes 363:21 378:23 379:4 386:13 including 350:12 367:13 367:15 390:10 429:20 470:8 472:20 inclusive 380:1 incomplete 409:4 inconclusive 325:24 384:8 inconsistent 325:8,24 339:4 520:20 521:19 incorporate 335:8 incorporated 326:19 341:16 447:11 incorrect 360:3 398:20 435:22 518:5 incorrectly 335:15 339:24 398:8 increase 353:20 387:12 388:13 452:12 463:11 522:2 524:12 527:20 increased 341:3 348:23 352:4,9 353:22 368:14	387:22 389:9 389:18 391:21 394:9 430:12 456:11 466:1,6 467:12,21 468:9 469:11 469:21 475:19 479:4,12 481:9 486:17 494:14 494:17 497:19 506:18 507:21 508:1 515:9 526:20 533:19 increases 324:10 382:1 382:23 383:8 441:17 442:12 447:23 505:17 512:1 519:20 independent 416:24 indicates 327:24 indicative 449:8 individual 318:2,23 323:2 326:8 341:17 345:3 346:20 354:1 355:7 361:15 373:10 373:18 375:16 375:18,22 380:12 447:23 461:16 474:24 475:1 479:2	480:17 502:19 503:1,6,11,17 503:24 505:18 individual's 343:8 503:15 individually 479:20 inferiorly 406:18 infertility 377:20 515:14 infiltrating 524:19 inflammation 358:17 inflammatory 518:15 influence 533:10 535:11 535:15 influenced 514:9 inform 493:14 information 328:14 504:18 538:4 inherited 445:21 initially 409:2 inside 409:11 426:7 insides 409:13 institute 441:15 441:16 institution 422:17,19	423:2 489:5 institutions 438:8 489:6 instruct 432:5 432:11 instructing 345:16,20 457:4,5 instructions 402:16 545:1 integral 498:3 intend 542:11 intention 313:20 intentionally 455:11,23 interchangea... 333:19 interchangea... 330:21,24 332:13 443:13 interested 420:21 internal 325:12 401:9 403:19 interpret 516:23 interpretation 327:2 488:7 interpreted 490:10 interpreting 325:21 327:13 488:5 interrupt 338:7 410:12
---	--	---	---

[interrupted - judkins]

Page 26

interrupted 371:22,24	jersey 308:2	329:18 331:5	392:23 393:7
interrupting 410:4	job 308:23	333:7,12,19	394:4,18,21
interruptions 372:1	john 311:19,24 312:9	334:14 335:12	395:17,19
interventions 351:8	johnson 308:6 308:6 426:21	336:2,7 337:4,9	396:8,19,24
introitus 414:22	426:21 427:1,1	340:17 341:8	397:7,11 399:4
invoice 364:13 364:17 366:6 367:2	427:6,6,9,10	341:10,23	399:18 401:2
invoicing 364:9	495:16,20	342:7,18 343:5	403:15 404:2
involved 349:13 368:13 394:18	533:12	344:3,17,20	404:18 407:11
ipad 337:22 463:15,23	johnson's 394:21 428:17	345:5,13 346:3	413:22 414:21
irrelevant 391:11 429:20 453:3,15 478:14 497:15	495:20 509:7 509:13	346:9,13,16	414:24 415:1,3
issue 335:1 399:24 446:19 524:7	joint 389:21	347:21 352:18	415:4,12
issues 407:12	jointly 390:5	352:19,21,22	416:10 417:6
items 363:19 364:4	jolla 308:14 309:7	353:1,15 354:3	418:17 425:2
j	judgment 437:18 451:2 451:13	355:6 356:23	426:15 428:15
j 311:19,24 312:9	judith 311:21	359:8 363:15	428:24 429:10
january 460:8 536:23 537:3 538:3 541:13	judkins 311:11 313:10 314:1,3 314:17 315:7 316:2,3,10 317:20,21 318:13 319:23 320:2,11 322:9 322:11,16,21 322:23 323:3,7 323:17,23 324:13 325:5 326:13,21 327:1,5 329:5	363:17 364:5 364:10 365:8 366:2,16,19 367:23 368:18 369:1,5,13,17 369:20 370:3 370:13 372:5 372:12,24 373:18 375:23 376:14,16,20 377:18 379:2 380:13,21 381:2,4,17 383:17,18 384:17,17 385:18,22 386:1,2,10,20 386:23,24 387:2,13 388:2 388:16,23 390:13 392:4,6	429:12 430:3,9 431:14,22 432:10,19 433:4,7 434:19 434:21 436:5 436:23 437:16 445:13 446:4 446:24 447:8 447:12,17,19 448:1 450:5,11 452:3,7,14,20 453:6,14 454:3 454:24 455:2,5 455:8,17,19,21 455:24 456:4 456:11 458:23 459:12 462:10 462:16,17 464:24 471:18 472:17 480:4 484:2 500:7

[judkins - letter]

Page 27

528:6 531:18 534:17,24 535:9,19,21 536:1,8,13 judkinscdhm... 400:13 july 544:14 jump 517:5 jumping 332:21 june 308:15 311:19,24 312:9 460:15 460:24 538:18	351:15,16 355:15 358:21 361:12,24 364:20,21 370:9 371:23 374:5,24 375:1 377:21,21,22 378:3 379:11 380:4 387:14 388:3 389:16 389:19 391:9 393:15 395:6 396:24 397:7 397:12 398:7 399:21 401:5 401:14 404:6 406:2 418:4,10 420:1,10,19 421:12,22 422:3,9 423:4 423:10,11,15 426:6,8 427:5 428:3 430:16 432:9 437:23 438:1 439:4,4 439:10,16 440:10,22 442:19 443:24 460:9 462:24 463:10,14 464:2 467:3 470:17 473:7 473:10,11 475:24 478:24 487:16 488:13 488:20 489:5	492:9,14 494:22 495:19 496:5 499:20 503:5 506:22 516:6,16 517:3 523:22 527:8 529:22 knowledge 440:16 493:11 536:1,6 known 340:2 348:3 442:14 443:13 444:13 444:15,17,22 527:20	lead 310:3 349:15 355:13 361:8 362:21 426:24 leading 356:1 384:24 454:17 466:19 516:21 leads 349:3 355:12 486:17 leanna 310:6 402:12,16 404:4 464:3 518:20 539:19 learn 533:11 leave 403:13 led 456:7 482:15 left 315:2 417:6 418:17 433:19 433:24 482:19 482:20 530:6 leigh 310:5 319:18 463:13 464:3 leigh's 315:11 leslie 308:25 309:12 314:19 378:14 392:7 392:13 399:17 402:15 457:14 457:17 498:19 522:19,20 537:5 544:17 lessened 542:2 letter 311:18,23 312:8 384:4,7
k		l	
k 310:15 keep 399:14 keeps 463:15 key 399:18 kidney 353:10 353:11 kind 481:18 495:21 knew 368:20 505:10 know 313:17 315:1 320:16 321:15,20 322:10,13,20 322:22 323:6 323:14,17 331:14 337:23 337:23 339:18 340:8 349:23 350:19,21	401:14 404:6 406:2 418:4,10 420:1,10,19 421:12,22 422:3,9 423:4 423:10,11,15 426:6,8 427:5 428:3 430:16 432:9 437:23 438:1 439:4,4 439:10,16 440:10,22 442:19 443:24 460:9 462:24 463:10,14 464:2 467:3 470:17 473:7 473:10,11 475:24 478:24 487:16 488:13 488:20 489:5	l 308:12 522:23 la 308:14 309:7 label 369:23 labeled 404:9 434:10 labia 411:18,21 lack 448:22 496:21 language 360:12 large 407:10 408:1 410:15 largest 513:16 late 507:11 laterality 433:20 lawyer 381:12 381:13	

[letters - longo]

Page 28

letters 420:10	limited 321:23	listed 363:19	521:18 522:4
level 349:7	345:12 542:1	376:12,21	526:22 527:8
529:23	line 316:7	460:1,3,9	533:17,18
levels 358:11,13	375:23 433:22	505:21 508:12	litigation 308:8
liability 308:7	468:18 546:4	514:1	368:2 423:13
library 423:5,9	lines 514:4,8	listen 453:24	472:20
lifestyle 387:4	lining 376:10	454:19	little 342:3
387:11,17	link 425:14	listing 391:16	347:16 348:8
388:12	485:18 487:20	516:7 517:8	354:7 370:14
lifestyles	487:23	lists 377:6	377:24 399:24
387:22	linked 441:20	390:2 494:12	404:1 465:17
lifetime 355:18	list 314:9,21	literature 314:8	465:19 504:24
355:22 358:12	317:9 351:22	314:15 319:4	515:17 522:15
358:14 371:13	363:14,17	321:9 324:17	524:5 538:19
371:15 372:12	364:2,23 366:2	325:3,7,18	live 449:2
373:2 374:9	368:20 370:7	327:3,10,11,20	lloyd 434:13
398:3 466:2,4	376:13,17	329:9,15 341:2	llp 310:14,21
467:10,21	377:2,4 378:12	347:2 365:17	load 410:24
471:2,6 510:2	378:22 379:5	365:19 374:18	locations
ligation 466:17	379:17 380:6,7	379:23 381:19	485:10
466:24 471:7	380:14 386:9	384:7,12	locum 438:10
477:8	393:12 417:13	387:11,14,17	logic 517:5
light 419:5,11	424:10 460:10	388:7,12	long 371:23
419:13 484:24	476:5,14,19,23	399:13 424:19	374:2 392:11
485:4 528:7	476:24 477:3	427:9 435:1,5	397:23 406:2
529:6	478:9,20,21	447:22 450:17	507:16 509:16
likely 337:18	479:7 481:19	451:8 452:10	511:3,6 534:23
338:12,14	484:3,4 490:24	456:10 459:13	longacre
339:2 369:20	491:10 493:20	459:14,14	500:12 527:15
370:4 388:21	494:8,14	462:6 475:2,11	longacre's
393:20,23	505:21 506:3	476:8 490:5,6	525:5 526:15
411:17 417:5	513:6,9 515:22	490:10,13	longer 538:21
418:16 482:17	516:19,22,23	491:4,23 495:2	longo 428:4,23
538:12	517:4,14 519:3	497:17 500:8	532:20,23
limit 319:19	519:9,12,16,18	507:24 510:23	533:3,11
342:13		520:15,19	

[longo's - margaret]

Page 29

<p>longo's 426:14 426:21 428:5,7 428:10 429:4 458:11 495:14 496:2,9,12 532:7,11,12,14 533:8</p> <p>look 319:11 320:17 328:5 335:10 337:20 338:16 357:17 370:6 391:19 402:1 404:12 412:24 417:17 417:24 418:11 418:24 424:5 426:14 447:13 454:9 455:12 456:16 468:14 468:19 476:22 484:3,20 495:6 495:14 513:5 530:14 532:7 534:6</p> <p>looked 329:15 342:4 371:6 398:3 411:16 417:12,16,20 417:21 419:4 419:18 423:24 427:8 456:16 484:23 506:17 521:10 524:17 524:21 528:6</p> <p>looking 329:8,9 331:20 342:19</p>	<p>377:1 378:22 380:12 434:15 441:7 442:18 446:11,12 452:19 476:13 479:2 510:23 512:13 513:9 519:18</p> <p>lose 463:15</p> <p>lot 324:23 325:2 472:15 522:3</p> <p>lower 329:20 330:3,8 332:1 358:13</p> <p>lowering 374:2</p> <p>lunch 498:6,18</p> <p>lung 342:6 343:24 344:4,7 344:14,21 345:2 346:16 346:18,20,21 347:1,10</p> <p>lymph 417:7 418:18 433:20 433:23 482:19 482:20</p> <p>lynch 378:7 445:23 515:18</p>	<p>ma'am 317:18 319:9 320:14 320:22 321:1 323:15 325:2 326:16,23 327:17 334:20 335:1 342:8 344:22 345:5 352:16 354:10 360:17 361:2 378:17 387:15 403:4,11 404:16 408:19 410:4 416:11 456:22 458:6 462:14,19 464:8,10,18 465:3 477:24 482:5,9 486:4 487:3 493:5 494:3 506:1 510:8 529:9 531:4</p> <p>made 314:12 319:6 379:18 390:5 420:22 422:22 454:20 474:9 487:24 524:5 544:7 545:5</p> <p>maintain 381:22 382:21 383:10,20</p> <p>maintains 382:10 383:2 383:23</p>	<p>majority 370:19 448:23 449:1</p> <p>make 313:18 344:9 346:8 360:10 363:24 364:18 369:8 373:10 375:12 375:20 380:19 383:2 388:6 408:13 419:1 480:9 504:23 513:20 517:5 536:9 545:3</p> <p>makes 338:19</p> <p>making 416:24 495:8 516:11</p> <p>malignant 336:10,13,16 336:24 339:20</p> <p>manage 347:18</p> <p>maneuver 405:12</p> <p>manner 318:18 437:19</p> <p>march 499:12 538:19</p> <p>margaret 310:4 313:7 331:13 363:23 401:20 401:24 408:22 432:17 460:23 463:16 476:16 479:11,23 498:11 523:21 528:2 534:10</p>
---	---	---	---

[margaret - mention]

Page 30

540:23 543:3 mark 314:20 315:5 332:24 400:15 416:2 448:21 537:6 538:23 marked 315:8 333:2 366:10 400:22 416:4 434:6 459:4 499:2,7 527:24 537:15,20,21 539:4 540:10 540:18 marketing 308:7 marking 315:4 mas 308:6 mass 405:3,4,6 405:11,15,18 405:23,24 406:11,15,20 406:23 407:1,7 407:10,16,20 408:4,11 409:7 409:14 410:1 410:15 411:8 411:10,11 412:4 414:1 525:15 535:17 massachusetts 310:23 mastery 421:7 material 419:19	materials 312:10,12 314:9 363:14 364:1,11,14 365:12,17 366:1,17 427:15,17 471:16 474:19 477:19 505:22 537:10 maternal 514:5 514:7 math 395:11,14 513:12 mcclennen 310:21 md 311:19,21 311:24 312:9 405:18 438:18 438:20,23 mdl 308:6 367:13 mdr 399:22 mdr000024 400:10 mean 315:19 322:8 324:16 337:16,17 338:7 355:5 358:20 360:7 363:23 369:21 370:17 374:12 374:13,24 375:2 381:12 396:3,4 413:21 416:19 421:4	432:17 441:24 470:17 471:21 471:22 473:7 475:14 477:2 477:10 478:23 495:21 510:18 521:17 meanings 332:12 means 337:18 337:19 338:12 338:13 374:9 374:13 422:14 442:13 444:22 491:2 495:21 544:24 meant 361:12 measured 454:10 measures 355:17 mechanism 334:11 335:23 336:5,10 337:3 339:8 340:2,5 340:12 342:5 342:21 343:2,6 343:14,15,21 346:13 347:11 348:11,13,16 349:18 350:15 351:20 358:2 361:7 433:3 442:14 443:14 444:14,23 448:20	mechanisms 463:8 medical 311:16 311:17 314:10 346:23 368:18 368:24 369:1 371:5 378:5 392:23 399:19 400:12 402:5,9 404:12,18,22 405:10 413:22 414:2 415:12 425:13 437:18 459:13,14,18 459:22 460:5 465:22 467:11 472:2,7 474:4 474:12 485:16 500:17,21 504:16 515:13 525:1 534:2,18 535:22 536:15 536:15,22 537:7 538:15 member 353:4 353:5 members 353:7 menarche 371:2,6 507:11 menopause 371:3,7 465:21 465:22 467:19 467:23 507:11 menses 465:18 mention 326:21 518:3
---	--	---	---

[mentioned - name]

Page 31

mentioned 354:18 381:4 477:7 mere 442:15 merely 354:11 359:9 mesothelioma 340:6,9 message 337:22 482:11 met 397:12 meta 328:12 521:13 methodology 314:2,6 321:10 443:18,24 459:8,12 486:21 500:2 methods 418:2 420:22 445:10 methvin 310:7 michelle 310:13 338:2 405:17 microscopic 418:2,11 microscopy 419:5,12,13 484:24 485:4 528:7 migration 325:17 403:5 miles 310:8 mind 338:12 348:7 356:7 435:22 474:9 522:18	mine 441:1 485:19 490:8 541:20 mineralogist 421:6,10 minute 400:18 410:24 minutes 355:15 392:16 mirror 411:5 411:16,18 mishear 460:23 misleading 418:18 mismatch 515:21 mismatched 445:22 missed 479:10 missing 479:9 485:24 misstates 427:14 483:20 491:19 517:24 misstating 518:6 mistake 395:13 408:13 mistaken 405:7 407:16 408:5 523:16 mistaking 405:19 mistook 407:7 mistyped 433:21	mixed 475:11 475:14 520:15 mmr 378:10 modest 522:13 modify 376:12 414:16 moment 498:22 monadnock 400:8 404:10 monoallelic 515:4,8 monograph 431:7 521:8 montgomery 310:10 months 406:5 466:10 morning 313:5 313:6 move 321:12 386:8 415:17 416:1 433:15 449:19 536:19 536:20 moved 419:21 moving 363:12 363:13 449:18 mucinous 508:1 multifactorial 315:16,18 346:22 461:5 461:13 502:2 multiparous 412:15 413:1,7	multiple 319:4 328:12 390:8 457:15 462:1 multiplied 510:4 multiply 395:9 mutation 349:2 350:5 357:1 362:13 374:6 374:12 391:20 393:8,12,21 469:20 478:2 481:8,16 514:20 515:5,8 519:19 mutations 347:22 348:11 348:14,22 349:5,5,11 350:12 354:21 357:13 360:9 360:11,24 374:6 377:12 390:2 469:11 479:18 480:23 481:7 515:21 mute 463:22 mutyh 515:3,8 n n 310:1 311:1,1 313:1 522:23 522:23 name 313:23 346:8 544:13
--	--	---	---

[named - object]

Page 32

named 438:24	new 308:2	noise 463:24	nutter 310:21
national 441:14	497:5	non 353:12	nw 310:15
441:16	newsome 312:6	475:5 530:10	o
nationally	313:9 322:17	nonresponsive	o 308:12 311:1
381:19	476:10,11	359:5	313:1
nature 328:8	498:10,21	north 488:21	o'brien 399:5
nccn 391:1	499:6,8,18	nos 400:21	473:18 512:19
nci 381:20	500:3 503:7,18	notary 547:20	512:23
441:8 452:20	504:9 505:22	notation 524:24	o'dell 310:5
453:8 454:19	506:8 507:6,8	537:3	338:1,6
necessarily	508:20 509:7	note 404:17	oath 309:15
330:12 370:1	510:2 511:8,10	noted 404:18	ob 408:13
420:1 426:6	511:19 512:5	405:13 406:8	obese 379:2
477:5 517:2	512:16,23	545:9 547:7	384:18,19
522:1 528:20	513:10,22	notes 544:10	386:2 507:8
necessary	514:23 519:19	notice 309:12	518:16 520:6
545:3	524:14 526:6	noting 405:14	524:5 541:11
need 321:4,11	531:19 537:16	405:18	542:2
321:13 354:4	538:14,16	november	obesity 378:23
392:2 402:11	539:1	500:13	379:5,6,8 380:2
404:5 413:20	newsome's	number 315:2	468:14 474:21
476:11 487:14	499:6 500:16	318:22 351:6	475:2,7,11,19
needed 421:7	500:21 501:13	355:22 363:19	477:3 478:24
427:17 474:18	502:8 505:2	364:21 371:15	479:4 505:24
needs 540:23	506:11,15	398:10 399:22	515:22 516:12
negative 378:10	508:7 520:24	400:9 438:24	516:24 519:3
478:1 502:21	523:17 524:10	439:2 465:16	520:15,19
515:2	526:17 530:2	466:1 467:9,21	521:2,8,18,23
negatively	531:12 532:8,9	471:1,5 491:9	object 315:21
354:13 359:11	532:24 533:4	510:1,19	316:13,22
502:18	533:12	513:16	317:15,24
neither 482:21	node 417:7	numbered	318:15 319:7
never 349:6	418:18 433:20	324:5 335:11	319:13,16
377:16 379:12	433:23 482:19	numbers	320:5,19
397:12 503:10	482:20	347:17 401:22	323:13 324:19
511:15 521:10		541:20	

[object - oh]

Page 33

326:3 328:3,7	423:14 424:8	493:16 494:16	445:15 453:11
328:16,19	424:14,23	495:18 496:7	454:22 457:2
329:11,21	425:5 426:1	496:23 497:12	472:24 481:13
330:9,19 332:3	427:24 428:20	501:6,19	483:17 491:18
336:8 337:5	429:15,21	502:16 503:19	502:4 503:8
338:22 339:14	430:5,19	503:23 504:20	519:5
340:21 341:13	431:20 433:5	505:3 506:13	objections
342:11 343:12	435:8,23 436:9	507:1 508:9,23	544:7
344:1,8,16	436:20 437:8	510:17 511:4	obliterated
347:13 348:15	438:6,15 439:7	511:12,21	525:13
350:3 352:2	439:13,19,24	512:8,21	obstetrics
356:10 359:3	440:6,14	514:14 516:3	488:23
361:21 362:17	441:23 442:21	516:14 517:1	obviously 364:3
367:4 369:18	443:21 444:7	517:11 519:22	447:6 477:8
370:16 372:7	445:4 446:2,14	520:17 521:9	occasion
372:16 374:22	446:21 448:9	521:16 522:11	509:12
376:18 380:9	449:11 450:3	523:11 525:2	occur 338:15
380:22 382:7	451:3,16 452:5	526:12 527:17	441:19
384:1 385:13	452:23 454:4	528:18 529:1	occurrences
385:23 386:17	454:12 455:14	529:21 530:12	373:3
387:19 388:4	456:2,19 458:9	530:19 531:2	occurring
389:2,11 390:7	458:16 461:6	531:13,22	336:24
393:14 394:6	461:19 462:4	532:18 533:6	occurs 336:11
395:21 396:11	462:13 463:2	533:14 536:4	ocps 348:6
396:22 397:5	465:2,14	541:14 542:15	354:24
398:5,18 399:7	467:13 468:4	objected	odds 521:1,4,14
407:3 408:7	469:5 471:20	361:23	521:20 522:12
409:23 411:12	472:8 473:8,21	objecting 457:6	offered 446:6
412:2,19 413:5	474:10 475:12	objection	446:24
414:4 415:8	475:23 476:7	319:24 321:7	offering 527:13
416:18 417:19	477:13 480:6	321:17 331:13	officiated
418:5,21	481:1 482:13	344:2 345:4	309:14
419:14,23	483:4 484:16	357:5 359:16	oftentimes
420:18 421:3	488:17 489:15	359:23 368:6	465:20
421:14,24	490:1,15 491:5	379:9 383:5	oh 378:17
422:11,24	492:13 493:2	427:3,13	387:16 389:19

[oh - opinions]

Page 34

398:23 401:15	437:6,11 441:8	oncologist	406:14,15,19
405:17 433:14	441:12,21	438:11 488:16	406:22 415:13
442:3 467:5	444:2 445:8	oncology 489:3	416:21 425:19
497:5 540:7	447:17 453:22	ones 354:18	425:21 426:13
541:1	454:1,17	418:3 487:23	428:16 429:8
okay 313:23	457:16 458:3	492:17	430:21 431:8
322:4,14	458:21 460:12	ongoing 409:16	432:21,24
323:20 326:24	460:21 461:10	onset 465:18	439:22 440:2,4
327:23 328:11	472:6,17 476:9	open 403:9	440:8 443:8
329:2 330:2,23	476:16 477:20	operative	446:19,23
331:22 335:10	481:24 482:3	407:19 525:9	447:15,16
335:19 339:1,5	483:23 484:8	opine 337:3	448:4 450:8,9
342:10 352:12	486:6 488:3,7	505:6	451:4,21,22
353:22 354:2	489:7 494:9	opinion 321:20	452:3,6 453:1,3
354:20 355:1	499:24 509:18	321:22 323:9	461:24 464:21
357:8 362:1,9	513:14 518:2	323:10,11,20	467:9 468:13
363:2,6,12	522:19 527:1	324:1,12,18,22	479:21 482:24
364:9 365:1,3	528:2,5 530:1	325:3,5 326:2	483:5 488:8,12
365:22 366:6	532:6 534:9,13	327:9 328:14	496:19 497:2,7
366:11,14	534:22 535:19	329:3 333:11	497:13,15
367:18 375:12	536:19 537:24	333:23 334:2	498:3 501:14
390:18 392:7	538:15 540:15	334:13 336:1,4	503:16 505:5
392:16 394:20	541:23 542:19	337:14 341:10	511:17,23
397:14 400:2	542:23	342:12,20,23	514:11 516:1
400:17 401:3	old 397:3 509:9	345:17,24	517:7 518:12
401:17 402:15	older 370:12	346:7 348:9,10	524:8 526:6
402:22 404:1	377:6 513:10	350:15 351:12	527:13 528:22
404:14 405:9	olson 475:22	351:23 353:14	531:19 532:5
406:10 408:15	505:23 521:1,5	360:19 368:12	533:16,22
408:21 410:3	omission	369:5 375:9	535:15 538:11
411:1 412:14	429:19 430:2,6	379:7,10,15	541:8
415:5 416:6,14	516:12	381:15,16	opinions 311:10
417:3 418:14	omitted 417:14	383:7,18	311:14 312:5
418:24 424:18	431:2 455:23	388:14 389:7	319:18,21
428:3 430:1	once 394:22	393:20,22	320:7,8 326:7
433:10 436:3	396:10 397:21	405:22 406:10	326:18 334:24

[opinions - ovarian]

Page 35

340:16,18	ordered 409:6	337:9 339:13	431:15,18
341:1,15	organ 401:10	339:18 340:10	432:3,22 433:8
342:14 344:24	403:19 412:10	340:20 341:4	434:19,22
345:13,23	412:12	341:12 346:22	435:18 436:5
352:20 369:2	organization	347:7 348:1,4	436:15,23
369:15 374:17	449:24 451:21	348:19,23	437:16 439:6
380:16,24	452:1	349:3,18 350:6	439:17 440:5
381:6 390:9	organizations	350:17,20,22	440:11,12
393:4 413:21	381:20 383:10	351:1,10 352:1	443:20 445:13
414:16 417:1	449:1 453:14	352:5,8,15,24	445:20 447:19
425:24 426:19	455:6	353:16,21	447:24 448:2
427:18,22	organs 412:5	354:14 355:11	448:18 450:1
430:4 432:7	482:21	356:3 357:13	450:11 451:1
433:3 435:5	original 358:15	357:21 359:12	452:3,13,22
440:20 446:7,8	525:4,9 544:11	361:6 362:22	453:10 454:21
446:9,10 447:4	545:11	368:4,14 369:3	455:5,9 456:4,7
447:7,11,12	originally	369:5,13,20	456:12 459:15
448:8,14 449:6	495:3 538:5	370:3,8,18	460:14 461:4
450:5,14,16	outlined 444:13	372:21 373:6,7	461:12 462:24
454:24 455:4	outside 344:23	373:12,20	463:1,5,9
458:20 462:10	ovarian 314:4	374:8 375:5,14	464:15 466:6
462:17 464:20	314:17 315:16	376:8 379:24	466:15,20,22
474:18 486:13	315:17 316:7	380:18 381:17	468:3,8,10
487:5,23	316:12,20	382:2,24 383:9	469:12,22
493:15 495:10	317:4,11 318:4	383:19 385:1	470:16 472:23
500:3 506:10	318:8,19,24	387:12,18,23	474:8,22 475:4
533:10 535:11	322:23 323:1,7	388:17 389:9	478:6 479:13
542:11	323:18,24	389:18,23	481:5,10 483:2
opposed 478:14	324:11 325:6	390:3 391:21	483:15 485:20
opposite 358:19	325:20 327:6	393:10 394:4	485:23 486:10
oral 351:18	327:22 329:6	394:10,18	486:18 487:8
355:19 466:9	329:18 331:6	407:13 410:17	487:21 493:9
507:17 509:2	333:10,15,24	425:16 427:23	496:20 497:9
order 384:20	334:5,10	428:16,19	497:20,23
474:13,17	335:22 336:7	429:10 430:9	500:5 501:4,16
505:4 518:14	336:12,16	430:13,15,18	502:2,10 503:2

[ovarian - patient]

Page 36

503:6,12,15,18 505:13,18 506:8,19,24 507:14,19 508:1,7,14,20 512:2,20 513:23 514:3,6 514:9,12 515:9 516:13,24 517:17 519:20 521:8 523:7,9 523:10 524:10 524:13,20,22 526:8 527:5,7 527:16,21 533:20 535:2 538:6 ovary 417:6 418:17 419:7 433:19 530:6,7 overall 475:3 oversight 516:2 ovulation 347:23 350:15 350:16,20,21 350:24 351:3,9 351:12 354:21 355:9,11 356:3 357:1,7 358:16 362:13 371:20 479:18,19 480:15,19 481:11 ovulations 371:13 372:13 372:13	ovulatory 351:7 355:17 355:22 356:1 358:12,14 371:15,22 372:2 373:4 465:16 466:2,4 467:10,22 own 502:15 p p 310:1,1,5 313:1 p.c. 310:8 p.m. 543:7 page 311:2,7 312:3 324:8 335:11 347:17 390:1,2 392:23 393:7 401:2,5 401:13 403:2 409:2 416:12 419:3 433:15 434:9,10,11,11 441:2,6,10 447:8 464:9 485:14,24 486:24 530:15 530:15 541:20 541:20 546:4 pages 308:24 324:5 335:11 472:11 547:3 palpated 405:7 407:7	pancreatic 353:5 panel 388:24 389:1 477:11 514:23 515:1 panels 389:4 paper 358:9 442:19 443:3,7 443:7 473:23 475:22 490:21 521:1 524:17 paragraph 335:12,13,16 354:6 383:16 403:6,7,17 433:17 434:15 434:16 441:13 445:18,19 530:15 parameters 396:14 paren 381:20 parenthesis 376:9 445:23 parfitt 310:13 parous 377:18 part 329:3 365:20 417:10 417:11 427:20 444:10 477:3 485:21 495:24 participated 489:12 particle 529:19 530:6	particles 417:5 417:18 418:16 418:20 419:16 420:5,16 421:1 425:3 482:17 483:1,14 484:14 485:5,9 529:7,11,15 530:4,10 531:20 particular 319:9 343:8 349:1,2 372:6 375:22 394:14 463:6 468:7 469:8 475:9 486:11 508:3 524:9,13 particularly 342:3 491:10 partly 494:24 partners 400:9 parts 495:23 pasqualina 311:14 313:10 path 525:4 pathologist 421:11,19 pathology 417:21 422:6 482:12 526:1,3 526:9,17 patience 543:1 patient 318:3 318:23 346:18 349:2 373:18
--	---	---	--

[patient - pittard]

Page 37

<p>406:4 408:9 410:15 414:21 415:2 446:11 463:6 469:8 480:17 502:20 542:2 patient's 425:16 485:23 patients 318:4 347:6 348:22 349:5,9,10,23 380:13 384:20 385:3 387:21 399:10,14,15 403:21 410:17 437:13 439:23 440:21 518:16 527:11 pause 400:20 pearson 459:21 487:2,17,22 488:10,13 489:20 490:3 490:13 491:11 491:13,22 492:7,10 493:12 494:10 495:12 500:11 500:13 506:5 pearson's 460:1 482:7 486:3 487:5 489:24 495:10 496:12 532:23 533:2 peer 319:4 381:18 424:1,5</p>	<p>424:19 483:12 pelvic 405:3,23 405:24 406:11 406:15 407:1 407:10,12,15 407:17,21 408:4 409:10 409:22 410:15 410:15,16 412:4,22 413:2 417:6 418:17 425:2 433:19 433:22,23 525:14,15 535:7 pembrolizum... 537:2 penninkilampi 398:15,20 506:2,3,10,16 people 332:13 332:14 percent 373:7,8 374:8,10,14,19 374:20,24 375:1 462:12 percentage 351:5 perfectly 342:24 performed 418:19 420:5 434:18 438:17 439:11 485:9 529:12</p>	<p>periaortic 482:20 perineal 314:16 325:15,19 341:2 347:6 385:12,17,21 411:8,10 434:20 435:17 436:6,16 447:20,22 448:17 452:11 456:6 486:16 487:7 493:7 497:20 505:17 506:20 508:18 511:24 532:1 533:17 perineum 325:17 327:22 368:14 401:7,8 403:8,17 411:6 411:16 414:18 414:22 415:14 456:13 period 397:23 511:6 512:18 peritoneum 524:20 person 464:1 person's 346:20 personal 377:10 514:17 personally 396:24 397:7 397:12</p>	<p>pertain 326:7 pertained 493:21 pertaining 500:16 pertains 477:5 pertinent 403:14 peruses 401:15 pessary 535:1,4 535:6,10 photomicrogr... 419:8 phrase 381:1 phung 435:11 physically 387:3 524:18 physician 422:16 443:11 449:23 450:9 450:22 451:20 451:24 516:21 physicians 448:6 459:20 518:18 pick 361:15 382:17 picture 463:14 pictures 464:4 piece 429:19 pieces 517:19 pills 351:4 pittard 310:6 402:22 404:8 539:21</p>
--	---	---	---

[place - presents]

Page 38

place 354:5 544:5	446:16 507:23	possibly 368:3 472:22	517:21 519:13 532:10 533:4
placed 469:21	polarized 419:11,13	posterior 525:12	533:12,18,21
placement 542:3	529:6	postop 518:3	practice 389:21 443:23 444:2,6
places 467:18	polarizing 485:4	postoperative 542:1	445:6,10 449:3 518:12
placing 518:13	poor 521:24	potential 341:22 394:16	practices 308:7
plaintiff 313:15 313:17,23	poorly 419:6	429:13 430:3	predict 503:1
317:9 376:2,15	population 376:2 391:24	431:1 468:22	predictable 442:14 443:13
406:3 474:7	505:19	469:4 500:4	444:14,17,22 445:3
534:4 542:13	portending 521:24	potentially 384:24 512:14	preface 328:8
plaintiff's 472:21	portion 319:18 345:24 383:12	powder 308:6 314:5 340:19	prefers 409:17
plaintiffs 310:3 313:9 320:10	533:2	340:24 368:3	pregnancies 371:16,22
367:3 403:22	portis 310:8	368:21 394:21	pregnancy 351:4 355:19
421:20 456:5	position 381:22 382:11,21,22	395:8 397:24	premise 456:3
504:10 523:23	383:3,11,21,24	399:4,11	preparation 366:21
plane 419:19	409:18	414:17 415:14	prescribed 535:1,10
plausibility 314:16 325:14	positive 325:9 325:11 352:23	427:22 428:14	presence 406:23 408:11
338:17	479:16 480:13	428:18 429:1	418:9 425:15
plausible 337:14,18,20	502:21 521:21	437:17 445:12	433:2 485:18
338:12,13,21	positively 347:24 351:24	450:1,10,24	487:20 496:20
356:9,13,19	352:7,14	452:10,10	496:21 527:10
357:3,14	353:15 354:13	456:6,8,9,13	present 411:4 428:17 532:15
443:14 444:12	359:11 502:18	464:12 470:5	presentation 406:7
444:15,16,24	possibility 393:24	471:2,9 472:22	presents 515:8
445:2	possible 316:1 316:3,4,5 335:6	473:17 474:6	
please 313:13 459:7 480:8	338:18 502:9	497:8,11,14,17	
498:23 545:2,6		498:2 500:5	
point 319:9 320:13 374:18		501:3,10	
		505:12 509:7	
		509:13 511:24	
		512:7,17 517:9	

[president - put]

Page 39

president 489:9	procedure 413:2,24	provides 419:7
pressure 410:16,16	385:6	pten 388:15
535:17	proceeded 535:16	389:8,17
prevent 370:2	485:7	390:12 391:15
535:7	proceeding 404:19 405:12	391:20
preventative 351:19 372:15	413:23,23	public 453:9
372:19,22	414:14 415:11	454:20 547:20
preventing 440:5	proceedings 400:20	publication 382:5
preventive 348:5 355:1	process 336:15	publications 439:17
previous 372:11	384:21 462:20	published 380:15 424:20
previously 366:10 459:16	474:15 529:5	448:16 451:8
489:2 500:8	procidencia 403:24 412:10	483:12 495:3
540:21	413:8 414:12	497:18 526:22
primarily 445:22	produced 341:18 364:15	pull 332:23
prior 328:22	product 308:7	399:20 400:14
367:21 427:14	395:6	441:1 498:20
472:14 483:20	products 308:6	518:21 540:3
491:19 495:8	437:18	purpose 419:12
535:12	professional 381:21 438:14	529:14
privy 516:8	professor 422:3	purposes 464:13 517:22
probably 364:18 366:18	422:9,17,22	pursuant 309:12
466:3 537:18	423:7	pushing 406:1
problem 378:21 434:3	progesterone 386:14	406:11 412:4
problematic 487:5	prognosis 521:24 536:13	414:1
problems 407:13	538:10	put 341:14
	prolapse 404:20 405:21	352:20 384:3,6
	405:23 406:13	394:9 395:17
	407:12,15,17	400:7 432:14
	408:6 409:3,22	456:5 467:16
	412:1,17,22	486:13 502:15
		518:9 534:18

[put - read]

Page 40

539:19 putting 379:22 384:19 385:2	455:20 456:22 457:10,19 465:6 478:13 484:2 487:12 491:17 495:22 496:1 497:6 501:8 504:23 511:9 518:24 519:2 526:11 530:21 534:17 540:24 542:10 542:16	quote 379:21 quoting 335:2 531:8	482:12 486:10 487:8 496:3,9 496:13 498:5 500:7 522:7 528:5 531:18 536:20,24 537:8,16,19,24 538:5
q		r	
qualifying 397:11 qualitative 330:7 qualitatively 332:16 quantitative 330:4,6 question 316:8 321:4,6 322:1 322:10,17 323:6 327:17 327:24 328:9 328:11 329:13 329:24 331:24 332:8 343:17 345:16,21 346:4,7,9 359:7 361:3,12,24 365:10 368:16 372:9 376:1 381:7,23 382:12 386:7 396:8,10 410:7 415:6,10 422:8 429:23 431:5 432:2 442:4 448:21 449:17 452:16 453:6 453:17,18 454:1,15,18	questioned 423:12 questioning 375:23 423:18 423:21 430:22 468:19 questions 313:8 313:15,22 315:22 321:10 327:1 331:18 342:9 343:22 345:9 358:6 365:6 372:11 375:21 382:16 382:17 410:9 410:11 424:3 424:12,18,21 433:10 434:23 450:6 460:19 464:22 472:17 480:3 518:8 539:9,11 542:21 547:5	r 310:1 313:1 546:2,2 raise 424:22 raised 424:13 440:11 range 370:22 370:24 371:10 473:24 475:4 513:15,17 520:9,13 ranged 523:18 rather 335:3 378:2 ratio 521:1,4,14 522:13 ratios 521:20 rausa 311:15 313:10 322:16 332:21,24 459:9,18,19 460:13,20 462:1 464:11 464:20 465:11 468:7 469:10 469:24 470:3 471:3 472:4,6 473:5 475:6 476:8,20 477:1 477:5 478:10 479:21 480:18 481:12 482:1	rausa's 332:19 333:6,12,20 459:2 460:4 461:11 464:7 464:23 465:13 468:2 469:4 471:17 472:20 474:7,12,21 475:22 478:15 480:1 482:18 483:24 484:20 485:20 489:21 495:15 496:18 497:1,9 536:20 538:10 ray 420:13 reach 414:18 415:15 reached 320:8 reaches 489:20 read 314:8,9,10 333:7 335:15 347:18 359:8 369:9 381:8 401:12 405:9 416:22 418:7 421:4 424:9 426:11 428:6,9

[read - rectocele]

Page 41

429:5 433:19 440:18 442:2,6 442:7,20 443:15,16 457:14,17,21 458:10 459:13 460:2 464:17 484:6,9,13 485:20 486:2 487:18 488:24 490:5,13,20,21 490:23 491:24 492:2,4,7,10,16 492:18 494:6 494:11 495:7 542:5 545:2 547:3 reading 324:3 331:11,14 334:16,20 335:3,14 352:10,18 357:16,19 369:7 382:20 403:12,13 409:1 443:4 445:9,14 453:6 482:14 490:4 ready 378:16 404:15 528:3 reaffirmed 391:10 541:15 541:18 realized 433:16 really 329:23 330:10 332:16	351:8 363:6,8 374:16 380:23 398:11 467:16 494:21 507:15 507:24 521:23 realm 342:24 432:6 reason 356:2 419:18 436:15 437:16 455:11 458:14 477:3 490:12 521:15 524:16 530:20 545:4 546:6,8 546:10,12,14 546:16,18,20 546:22,24 reasonable 338:14 425:12 485:16 reasoning 343:11 reasons 347:9 390:8 480:19 recall 395:3 396:21 397:4 404:21 428:12 429:7 436:1 470:20,23 496:14 499:22 509:14 512:7 512:14 521:3 533:1 534:24 receipt 545:13 received 366:17 369:1 427:15	429:1 460:10 recent 391:11 391:13 534:2 534:18 538:24 recently 391:8 438:9 460:5 488:20 500:14 recess 392:20 458:24 498:18 534:15 539:16 recognized 381:19 recollection 509:15 recombination 349:13 recommend 385:2 recommendat... 518:18 recommendat... 541:21 recommended 518:13 recommends 384:18 record 313:16 322:1 327:23 338:9 341:14 364:6 365:2 383:5 390:20 392:19 400:5 400:18 402:21 404:6,13,17,18 404:23 405:10 408:16 410:20	432:15 445:10 457:14,21 460:19 515:14 520:8 523:19 525:1 535:1,22 536:16,22 538:15 539:13 539:18 recorded 408:12 544:8 records 311:16 311:17 314:10 368:18,22 371:5 378:5 399:19 400:12 402:9 404:22 413:22 414:2 415:13 427:8 459:3,18,22 460:5,7 465:22 466:18 467:11 467:18 472:2,7 472:15 473:23 474:4,13 499:21 500:17 505:7,11,21 534:2,19 536:15 537:8 538:24 539:1 rectocele 404:19 406:13 406:24 408:5 412:17 413:23 414:11,14 415:11 535:8 535:16
---	--	--	---

[recurrence - report]

Page 42

recurrence 536:18 537:24 538:20 reduce 370:1 372:20 535:7 reduced 507:17 507:19 reducing 369:23 461:23 reduction 351:5 355:16 refer 346:5 356:24 358:1 359:22 381:16 400:24 462:16 465:9 reference 424:10 435:4 446:22 493:7 506:4 541:19 references 364:1 424:1 484:4 referred 346:6 408:17 455:16 475:21 referring 319:14 320:21 321:5 354:16 387:15 390:21 447:5 492:22 494:22 534:20 537:10 540:1 540:21 541:4 refers 382:22 491:22	refusing 457:9 regard 342:4 364:17 365:24 462:18 496:18 regarded 488:15 regarding 311:10,14 312:6 313:8 324:12 336:1 393:4 445:11 446:18 455:12 460:20 464:20 464:23 477:22 482:7 500:3 524:8 532:8 541:4 regardless 368:22 375:8 512:2 regards 522:6 relate 355:6 related 368:9 369:6,11 381:17 383:19 416:16 430:8 430:12,15 431:9 432:21 483:8 491:10 492:22 522:1 relates 345:17 relating 435:1 439:17 relationship 375:7 389:17 449:9 524:9,9	relative 353:10 514:3,4 relatives 353:3 353:13,18 376:22 relevant 320:9 322:15 340:15 340:18 341:1 341:23 364:3 401:2 430:4 431:3 458:19 476:19 477:1 483:3 492:24 511:10 533:22 reliance 366:2 368:20 476:4 490:24 491:9 493:20 494:8 494:12,13 505:21 relied 365:17 448:15 relying 383:23 526:5,14,18 remain 463:9 remains 361:9 448:20 remember 366:7 387:8 521:7 remembering 367:2 398:8 522:10 remission 535:24	remove 355:17 render 427:17 rendered 427:18 repair 445:22 515:21 repeat 540:24 rephrase 360:11 497:2 replacement 347:23 351:23 351:24 354:22 357:2 362:14 386:11,14 387:1 466:11 478:11 479:19 481:20,22 507:20 519:10 520:3,5 replied 518:10 report 311:8,12 311:21 312:4 314:7 315:6 320:4 323:21 324:6 325:23 326:5,7,8,10,13 326:19,22 328:24 329:1 331:16 332:19 332:24 333:6 334:23 335:7 335:13 340:23 345:18 346:3 347:16,21 352:10,19,20 354:4 356:23
---	--	---	--

[report - reviewed]

Page 43

357:17 359:8	485:2,14 486:3	341:17 365:18	360:14 362:12
363:9,17 364:2	486:23 487:6	368:19 434:16	413:3
364:5,12,22	487:10 488:6,6	438:4 459:21	resulted 535:17
365:19 366:3	488:24 495:7	470:10,11	retired 422:5
369:8 381:5,14	495:15 496:2,9	472:2 474:5	422:14 488:21
383:18 384:6	496:12,13	500:10,12	489:1
392:22 401:1,6	498:20,24	531:17 542:13	retires 422:16
401:13 403:3	499:7 500:9	represent 417:5	retread 432:23
407:20 416:1,9	506:4 520:24	418:16	retreading
416:13,14,16	525:4,5,10	representative	322:6 345:23
416:17,22	526:1,15	525:18	retrospectively
417:1,4,9 418:8	527:23 528:13	represented	512:14
418:15,24	528:16,24	482:18 530:5	return 545:11
419:4,8 421:5	531:8,11 532:8	represents	revealed 407:9
422:6 423:24	532:11,13,20	385:11	review 319:6
424:4,13,16	532:23 533:2,8	reproduction	364:10,10
425:10,23	533:22 542:12	544:24	390:5 427:11
426:9,13,15,21	reported	requested	435:1 451:7
428:5,6 429:4,6	308:25 371:3	457:20	470:3 474:8,12
429:12 432:10	407:12 465:18	research	474:19 483:11
432:19 433:11	485:12 514:5	435:16 440:13	489:13 491:3
434:5,9 435:1	521:5,21 531:7	residual 536:2	491:11,22
436:4,8 440:19	531:15	respect 319:20	496:1,8,11
441:3,11 442:9	reporter	321:7 341:7	505:6 526:8
447:14 453:7	309:13 392:15	357:7 378:10	533:7 539:14
453:13 454:3	400:17 401:19	380:2 421:15	540:18
454:10 455:2	402:19 457:24	431:21 455:4	reviewed 319:4
455:16,21	498:8,22 544:1	494:7 496:2	365:7 381:18
456:1,16	544:2,25	respected	416:9 424:1,6
458:11 459:9	reporter's	381:19	424:19 450:16
460:2,10	544:12	respond 431:4	451:7 459:18
461:11 464:7	reporting	response 322:2	459:19 472:13
469:24 475:22	530:18,22	325:13 347:5	474:4 482:4,6
476:2 477:21	reports 314:12	518:15	483:12 493:13
480:1 482:1,4,7	331:23 333:20	result 350:16	500:7,10,15
482:8,12,15	335:14,18	351:7 355:12	504:8,12,14

[reviewed - ruled]

Page 44

509:16 532:12 532:14,20 reviewing 366:1 368:17 482:11 505:11 right 320:10 323:16 327:7 331:2 335:5 346:11 356:22 359:2 363:12 363:13 364:13 365:8,15 370:21 373:5 375:10 376:5 377:9 387:15 388:10,14,19 392:16 395:15 398:23 410:19 414:13,24 415:17 417:6 418:17 433:19 433:22,23 436:1 442:11 444:18 446:3 447:2 448:24 458:4 471:11 474:1 481:6 486:19 492:24 499:5 510:10 515:5,14 517:23 518:22 519:15 520:2 525:14,15 530:6 536:9,15 rigorous 490:14 491:3	491:14 492:1 risk 315:20 316:2,4,5,10,11 316:18,19,24 317:1,2,11,21 317:22,23 318:5,7,12,14 318:17,18,20 318:22 319:11 320:3,17 324:11 334:9 335:21 336:5 336:13,18,22 337:8,10 339:17,23 341:4 346:12 347:19 348:2,4 348:23 350:11 350:23 351:5,9 352:4,9 353:20 353:23 355:16 357:19 358:4 358:21,24 360:5 361:8 362:21 368:14 369:2,16,24 370:1,7 372:20 372:21 373:24 374:1,13,14,20 375:7,13,13 376:6,11,17 377:3 378:11 379:8,15,20,23 380:7,14,17 382:2,24 383:9 386:8,15,22	387:12,18,22 388:13 389:9 389:18 391:21 393:11 394:3,9 394:14 395:20 396:2 430:12 434:22 435:12 435:18 436:7 436:11,17 441:17 442:12 443:12,19 444:21 445:20 447:24 456:11 459:15 461:17 461:17,22 462:1,2 463:10 463:12 465:10 465:12 466:6 466:14,20 467:12 468:9 469:12,13,21 474:16,22 475:19 476:13 476:18,23,23 476:24 477:9 478:6,9,22,24 479:4,7,12,21 481:9 486:17 497:19 500:22 502:11,11,17 502:20,21,21 502:24 504:3 505:17,24 506:7,18 507:5 507:13,17,19 507:22 508:1,3	508:5,6 511:18 512:1,14 513:6 513:10 514:1,9 514:12 515:9 515:23 516:7 516:12,22,24 517:9,16 518:15 519:3 519:10,13,20 522:2 523:4,7 524:12 526:7 526:20 527:3 527:19,20 533:19 risks 339:8 524:21 rls 308:6 role 348:2,5 350:10 351:13 351:14,19 353:23 354:1 429:13 452:11 479:17 480:14 room 309:2 402:10 roughly 353:12 rpr 308:25 544:17 rude 392:8 rule 311:20 393:24 394:3 394:15 468:21 469:3 508:6,13 508:16 ruled 468:2,24 508:22
---	---	--	---

[ruling - sentence]

Page 45

ruling 394:2,3 run 342:13 383:14	414:8 460:7 499:20,21,22 515:15 535:23 536:23 537:3 538:16	333:8 334:3 358:5,7 381:18 382:1,23 383:8 459:14 464:14 501:14	401:15 403:10 404:3,23 419:1 425:6 436:4 447:14 453:12 476:6 477:18 477:23 495:7 523:20 530:16 532:22 533:3 541:20
s			
s 310:1 311:1,5 312:1 313:1 522:23 saavalainen 522:17 524:17 sac 525:12,17 saed's 365:11 saenz 308:13 309:1 311:2,7,9 311:13 312:3,4 312:11,13 313:5 315:15 320:7 326:12 381:11 400:24 403:3 434:5 441:4 447:5 459:7 477:21 534:23 540:17 542:11,24 543:6 547:13 saenz's 315:6 498:20 safe 380:20 384:15 385:12 385:15,21 518:10 safety 385:8,9 sales 308:7 saw 388:20 409:2 411:6,15 411:17,20	saying 318:12 319:22 323:16 343:7,19,20 357:22 361:4 374:5 384:7 396:6 399:14 411:15,22 443:23 449:20 497:1 514:13 says 326:17 331:3 350:10 376:7 381:9 402:7 411:5 422:5 425:7 426:12 465:23 465:23 scale 332:10 scan 409:8 science 368:12 448:3 449:4 450:17 451:9 452:16 473:3 489:24 501:21 505:15 scientific 323:22 324:10 324:16,17 325:22 326:1 327:4,8,16 328:15 329:4 329:16 331:4	scientifically 334:11 335:23 342:21 scientist 358:23 scope 344:23 screen 404:6 seaport 310:22 searching 441:8 second 311:20 331:12 335:15 364:20,21 392:22 399:24 408:18 410:21 410:24 433:18 433:21 476:15 529:4 section 332:20 403:5 428:13 455:15 477:22 sedentary 387:11,21 388:12 see 321:4,11,13 321:23 327:23 330:10 334:23 335:3 338:5,17 342:24 363:17 364:24 366:6 378:4 391:20 393:8,16 401:3	seeing 388:7 401:19 521:7 534:24 seem 475:19 seen 355:16 380:1 393:11 408:11 412:6 428:5 429:4 535:12 sem 419:22 420:4 485:9 529:12 sensation 410:16 sense 313:18 338:19 344:10 373:10,16 sent 405:2 sentence 324:4 324:9 326:13 326:16 331:3 335:15 342:19 346:2 347:18 347:20 350:10 354:17 356:23 357:18,23,24 359:7,14,21

[sentence - sorry]

Page 46

382:20 425:10 433:18 540:13 541:22 sentences 333:18 354:19 442:20 separate 341:18 separated 411:18 separately 515:17 separating 411:21 separation 518:16 serous 419:7 460:14 475:5,7 479:5 506:23 538:6,6,9 set 384:20 544:5 seven 345:22 536:17 several 379:18 406:5 456:22 489:14 511:18 514:3 sgo 378:11,22 378:22 379:4 381:7,21 386:8 386:13,23 389:21 390:6 468:20 476:22 476:24 477:2,3 478:8,24 479:6	489:9 519:15 sgo's 478:21 shame 362:1,8 share 404:5 sheet 545:5,7,9 545:11 547:8 short 385:6 533:24 534:7 shorten 462:20 shorthand 309:13 544:1,2 544:10 show 320:21 387:21 473:23 479:3 497:19 505:20 534:21 showed 406:20 409:6 shower 395:1,2 395:6,6 428:18 428:18 470:21 470:22 509:8,8 509:12,12 shown 325:9 475:8 shows 399:13 507:24 side 351:17 407:21 408:4 525:15 sign 539:15 545:6 signature 544:15 significance 424:7 428:10	478:3 483:14 484:13 significant 362:14 380:7 412:1 445:20 447:21,21 467:17 511:2 521:22 significantly 507:16 signing 545:8 similar 459:11 462:9 464:4 465:9 471:18 478:20 499:24 504:9,13 527:3 528:5 532:6 simple 355:24 502:23 519:2 simpler 504:24 simplistic 358:3 simply 351:6 355:21 358:3 376:7 437:14 492:17 527:18 single 491:1 sister 514:6 site 483:2 sites 483:7 sitting 381:13 six 353:12 397:19 424:1 483:12 size 408:1 skier 387:6	slides 419:5 slowly 315:12 small 522:8 smart 471:15 smoker 344:4 344:18,21 345:6 346:19 346:21 507:23 smoking 342:6 343:24 344:14 344:21 345:2 346:16,19,24 347:10 societies 381:21 society 435:15 somebody's 463:14 someplace 499:22 somewhat 520:19 525:13 soon 463:23 sorry 330:20 331:22 332:21 335:16 338:4,6 344:14 346:6 360:17 363:22 367:10 378:19 392:8 393:2 399:10,23 400:2 402:8 405:17 408:21 411:11 415:19 420:24 432:16 432:24 433:14 433:23 435:9
---	--	---	--

[sorry - steren]

Page 47

436:21 441:6 444:18 459:13 460:22,24 461:2 467:5,7 472:5 473:9 477:2 479:23 481:5 506:14 511:5 526:13 541:1 sort 332:10 388:8 sound 437:18 471:11 520:11 sounds 367:24 520:12 534:14 sources 448:7 space 545:4 speaking 364:16 394:2 396:16 523:9 specific 311:9 311:13 312:5 320:7,8 321:11 321:22 324:6 332:15 335:9 341:10,17 344:24 345:12 352:19 363:16 364:4,12,17 365:12,18,20 366:1,16 368:10 381:6 383:17 414:23 428:12 446:23 447:7,12 450:5 459:9 461:11	469:24 523:8 531:4 542:13 specifically 320:2 348:14 363:15 364:5 389:14 428:1 431:6 439:17 455:20 470:23 493:20 494:7 523:6 specifics 496:14 533:1 specify 492:15 specimens 507:10 526:17 spectrum 531:9 speculating 516:16 speculation 427:4 437:6 493:3 516:4 spell 522:18 spend 322:6 345:22 spent 365:24 366:8,15,18 367:1 sporadic 369:21 370:4 393:23 stage 413:7,11 413:13 460:15 499:9 538:6,8 stand 328:21,24 329:1 420:10 424:15 453:20	standpoint 534:21 start 358:7 399:14,15 449:21 451:23 459:2 496:17 started 386:9 473:24 496:24 497:5 505:10 512:24 starting 399:11 447:8 starts 485:21 state 309:14 334:8 354:7 368:11 381:14 383:5 393:6 403:6,17 413:22 414:3 417:3 449:4 451:9 464:11 469:23 473:3 473:19 501:21 505:14 525:20 545:4 stated 339:23 399:6 414:5 425:12 436:15 473:19 485:15 512:19 statement 319:5 334:22 335:20 342:1 380:20 382:6 383:2,23 385:10,11,14	385:19,20 437:1 442:17 443:1,2,4,8,9 443:10 444:10 445:16 446:1 464:19,23 486:5 502:15 516:11 statements 379:19 434:24 441:22 442:1,9 446:8 452:21 453:9,9 454:20 455:7 states 308:1 333:6 391:23 401:6,6 417:4 418:15 434:17 435:10,15 436:10 444:3,4 446:18 449:2,8 449:24 464:11 512:23 520:8 541:24 stating 375:9 379:19,20 436:14 487:10 487:22 527:18 statistics 318:1 373:9 413:1 stats 373:14 stenographic... 544:8 step 529:4 steren 525:12 525:19
---	---	--	--

[stick - tabulations]

Page 48

stick 321:8 street 309:6 310:9,15 strength 314:14 347:3 strong 375:8 437:20 446:6,9 514:11 strongest 373:24 374:1 structures 483:15 484:15 stuck 525:15 studies 325:8 325:10,11,12 328:6,12,13 387:20 406:23 407:9 408:10 450:18,19 459:16,17,17 479:2 495:2 497:22 505:16 506:17,23 study 340:8,10 340:12 395:18 396:7,13,20 398:2,7,12 492:8,11 511:9 512:6 studying 373:15 stuff 400:10 subcutaneous 542:3 subject 396:20 397:4 512:7	545:8 subjects 399:10 399:15 submitted 460:11 subscribed 544:13 547:15 substance 547:7 subtypes 475:17,18 suggest 378:5 suggested 518:3 suggesting 388:12 suggestion 517:20 suggests 387:11 suite 310:15 summary 392:23 449:5 486:24,24 500:23 supervision 544:25 supplemental 312:10,12 537:10,12 539:1 support 323:22 325:19 327:4 327:11,20 329:4,7,19 330:2,8,23 331:4,19,19	333:8 334:3 341:3 448:3 452:11,17 456:10 462:7 464:14 487:6 487:23 488:11 497:22 501:15 505:16 506:18 506:23 524:11 533:19 supported 351:2 381:6 384:11 supporting 325:4 378:1 416:21 supportive 488:6 supports 324:18,21 325:3 330:15 425:24 426:9 426:13 443:8 506:10 supposed 384:16 suppressive 351:3 sure 346:8 353:8 365:14 369:9 375:12 392:17 398:8 404:8 476:15 480:9,12 498:15 513:20 522:21 536:9	surface 355:11 surgeons 518:13 surgery 405:1 407:14 499:13 517:22 525:4 535:2,10,13 541:11 surgical 385:6 507:9 surprise 409:20 521:15 surprised 445:8 susceptibility 445:21 suspect 468:13 suture 542:3 sworn 544:6 547:15 symptoms 409:2 syndrome 378:7 389:23 390:4 445:24 515:19 synergy 435:11 systemic 358:17 t t 311:1,1,5 312:1 546:2 table 390:11,15 391:6,7 tabulations 473:13
--	--	--	--

[take - testifying]

Page 49

take 317:8 348:12 356:22 357:9 362:3 376:4 382:19 392:11,15 395:4,12 415:18,19,21 458:22 470:24 480:8 533:23 takeaway 417:8 482:10 taken 331:23 544:4 takes 410:24 talc 314:17 323:23 324:10 325:5,16,17,20 327:5,21 329:5 331:5,7 333:9 333:14,23 334:4 336:6 341:3,5,10 347:6 368:13 369:6,11 379:15,17,19 379:23 380:6 380:17,20 381:18 382:1,8 382:23 383:8 383:20 384:15 384:19,23 385:2,12,15,18 385:21 394:15 394:17 396:2 417:6,13,22 418:1,10,12,17	418:20 421:20 425:3,13,15 429:2,2 430:17 431:18 432:2 434:20 435:17 436:6,16 437:2 446:12 447:20 447:23 448:2 448:18 451:22 451:22 452:1 452:12 459:15 464:15 468:21 468:24 482:18 483:1,6,14 484:13 485:17 485:18 486:8 486:11,17 487:7,19,21 493:8 496:19 497:24 501:15 505:17 506:7 506:20 508:16 508:19 517:8 517:13,15 518:3,10,13 529:16 530:5,9 530:11 532:1 532:15 540:14 541:5,19 542:4 talcum 308:6 314:5 340:19 368:3,21 395:7 397:24 399:4 399:11 414:17 415:14 427:22 428:14 429:1	445:11 450:1 450:10,23 471:2,9 472:21 473:17 474:6 497:8,11,17 500:4 501:3,10 505:12 512:6 512:17 517:9 517:21 519:12 532:10 533:4 533:18,21 talk 320:1 386:1 404:1 468:16,17 515:16 522:15 talked 339:16 358:10 480:20 talking 320:6 320:10 325:4 341:8 346:15 375:4,21 381:12 385:17 398:12 414:20 414:23 415:1,4 435:4 455:19 522:7 talks 374:19 tamara 312:6 313:9 499:6 team 424:20 technically 396:16 technique 424:2 486:21 techniques 418:11 421:8	423:19 teens 399:16 telehealth 538:17 tell 334:21 356:18 357:24 362:6 378:18 402:2 405:10 482:10 518:2 telling 357:20 397:10 ten 507:18 534:13 tenens 438:10 teri 500:11 term 374:2 385:6 terminology 510:21 terms 333:14 355:16 443:12 504:10,11 506:6 tested 389:5 478:2 testified 321:14 322:19,24 323:8 366:24 388:11 421:20 461:15 462:23 490:19 492:18 494:15,24 500:19 509:11 testify 510:19 testifying 349:20,21
--	---	--	---

[testimony - thompson]

Page 50

testimony	387:1 466:11	398:19,20	537:9 539:19
317:9 335:14	507:21 519:10	401:16 405:10	thinks 314:22
335:18 368:19	520:5	411:23 413:10	427:6
397:15 409:12	thereof 544:11	422:8,18 423:1	third 522:16
411:7 427:14	544:13	426:18 427:1	thirds 403:16
434:17 435:14	thing 322:7	427:10 434:10	thirty 545:12
462:17 470:4	364:19 444:12	439:2 443:22	thompson
474:5 483:20	539:18	445:5 446:22	310:4 311:3
490:20 491:19	things 335:2	447:4 453:5	313:4,7 314:19
492:15 493:19	337:16 347:5	458:7 460:6	315:1,5,10,14
494:5 502:1	351:3,6 352:20	461:15 463:21	315:24 316:16
506:6 518:1,4,7	373:3 403:14	465:16 466:1	317:7,19
534:3 542:14	456:15 459:24	467:2,15 468:8	318:10 319:2
544:6	think 314:20	469:9,13,19	319:10,15
testing 378:9	319:23 323:4,5	476:9 477:4	320:5,15,23
388:16,24	326:14 330:18	479:10 480:18	321:19 322:4
477:12,16	330:21 332:10	481:9 488:2,10	322:14,18
514:24	332:11,12,14	489:7,16 490:2	323:19 324:24
thank 365:3	336:9,20,21	490:5,9 491:2	326:11 328:4
366:13 391:5	337:6,15,16	492:1,1,3 493:1	328:10,17,23
391:18 402:19	339:3,6 353:18	493:4,17	329:14 330:1
410:13 415:23	356:14,18	495:12 499:6	330:14,22
434:1 458:21	357:16 365:1	499:21 501:7,9	331:21 332:5
460:12 484:9	365:21,23	504:3 506:16	332:18,23
485:24 498:17	366:17,24	507:10,13,16	333:4 334:18
527:1 534:9,11	367:5,24 368:9	507:21 508:3	337:1,12
537:13 540:7	368:23 369:19	509:1,2,16	338:10,24
542:22,23	369:21 370:3	510:21 512:13	339:22 341:6
543:2,4	370:13,21	512:24 513:17	341:20 342:15
thanksgiving	371:14 373:2	514:8 517:4	343:18 344:6
409:17	375:23 376:19	518:11,17	344:13,19
theoretically	376:23 377:2	520:8,12,18	345:1,7,15
507:19	381:7 388:19	521:4,18,19	346:5,10 347:8
therapy 347:23	393:22 394:7,8	522:3,12	347:15 348:18
351:23 354:22	394:13 396:19	523:16 524:1,4	350:8 352:6
386:11,14	397:2,9 398:11	530:17 531:24	356:16 357:8

[thompson - thursday]

Page 51

357:11 359:3,6	419:17 420:3	465:4 467:8,24	529:24 530:13
359:18,20,24	420:20 421:9	468:12 469:15	530:23 531:5
361:22 362:5	421:17 422:2	471:24 472:10	531:16 532:2
363:1 364:8,19	422:15 423:3	473:4,15 474:2	532:21 533:9
366:12,20	423:17 424:11	474:20 475:15	533:23 534:11
367:7,17 368:8	424:17 425:1,8	476:3,9,12	534:16 536:7
370:5,23 372:8	426:3 427:7,19	477:15 480:11	537:5,12,18,23
373:22 375:3	428:2,22	481:3,17	538:23 539:6
377:8 378:13	429:17,24	482:23 483:10	539:17,23
378:15 379:13	430:11,23	483:22 484:18	540:12 541:1,2
380:11 381:3	431:9,16,24	488:19 489:18	541:17 542:19
381:10 382:9	432:8,14 433:1	490:11,16	542:23
383:15 385:4	433:9,14 434:4	491:7 492:6,20	thorough 365:7
385:16 386:6	434:8 435:20	493:10 494:1	369:12 451:6
386:21 387:24	436:2,13,24	494:19 495:5	474:14 500:21
388:9 389:6,15	437:10 438:12	496:4,10 497:4	505:1
390:12,18,22	438:16 439:9	498:4,12,15,19	thought 348:22
391:5 392:2,10	439:15,21	499:4 501:11	358:10,16
392:17,21	440:3,9,17	501:22 502:7	384:23 388:10
393:18 394:11	442:3,5,23	503:4,13,20	405:1 409:5
395:24 396:18	444:1,9 445:7	504:7,22 505:9	455:18 476:4
397:1,8 398:14	445:17 446:5	506:21 507:2	482:17 493:14
398:22 399:17	446:15 447:1,9	508:11 509:5	497:5 500:20
400:2,6,23	448:12 449:16	510:14,24	523:1 530:5
401:21 402:4	450:7 451:12	511:7,16 512:4	thousands
402:12,14,17	451:19 452:18	512:10 513:4	373:15 440:12
402:20,24	453:4,16 454:8	514:16 516:10	472:11
404:4,11	454:16 455:10	516:20 517:6	three 313:8
407:18 408:14	455:18,22	517:18 518:20	327:18,24
408:23,24	456:14,23	518:23 519:8	334:23 371:16
410:2 411:3,14	457:3,8,17,22	520:1,22	373:19 409:21
412:8,23 413:9	458:2,12,21	521:12 522:5	420:10 487:1
414:7 415:9,19	459:1,6 461:9	522:14 523:15	501:23 505:23
415:24 416:7,8	461:20 462:8	525:7 526:24	523:13 537:15
416:23 417:23	462:15,22	527:22 528:4	thursday
418:13,23	463:17 464:5	528:21 529:3	308:15

[time - typically]

Page 52

time 319:19 342:13 365:23 365:24 368:17 376:4 382:19 383:14 392:14 397:23 399:5,6 406:7 408:9 430:21 441:9 470:15 473:20 480:8 498:6 499:16 507:16 509:16 511:6 512:18,20 520:10 524:2 534:24 535:24 536:24 542:7 542:24 544:5,6 544:7	385:18 409:10 432:23 449:4 486:14 500:1 513:7 529:6 542:14,22 todd 308:25 309:12 544:17 together 400:8 told 458:6 took 360:7 top 400:8,12 418:6 topic 325:7 526:23 total 366:5,18 473:14 530:4 totality 325:19 327:11,20 totally 381:8 432:10 towards 441:14 tract 403:9 transcribed 544:9 transcript 311:6 312:2 434:12 544:9 544:12,23 545:13,14 transcription 547:4 transcripts 487:1 500:16 transformation 336:11,14,16 336:24 339:21	trap 437:13 440:21 treading 379:10 treated 537:1 538:1 treating 459:20 treatment 393:1 500:23 504:17 536:3 tremolite 531:9 531:11 trial 313:17 494:10 542:12 542:18 trick 363:7 trouble 343:7 377:22,23 true 324:21 347:22 493:18 544:10 trust 395:11 truth 397:10 try 321:8 348:7 358:6,24 372:9 375:20 392:3 410:9,12 418:9 419:15 460:20 487:12 497:6 trying 329:17 342:20,23 360:4,18,19,21 361:15 363:6,8 373:9 374:16 376:16 401:24 403:13 410:8	410:10 431:1 446:7 447:13 462:20 463:20 tubal 466:16,24 471:6 477:8 tumor 484:15 484:20 turn 333:5 363:16 389:20 403:2 416:12 433:11 440:24 441:6,10 499:5 turned 405:3 tvus 409:6 two 322:6 333:18 353:6 372:3,11 382:16 399:19 400:6,15,15 403:16 406:6 434:23 439:2 441:22 442:8 466:9,11 470:21 480:21 482:16 489:8 495:23 500:12 502:10 507:12 511:15 type 353:7,8 504:17 523:8 524:19 types 336:12 343:1 524:22 typical 531:9 typically 315:12 369:22
--	--	---	--

[typing - used]

Page 53

typing 402:15	424:6 429:22	unopposed	396:2,4,8,16
typo 433:17	448:5 465:5	478:14	398:4 399:4,11
u	480:9	unsound	437:17 443:11
u 308:12	understanding	334:11 335:23	450:1,24
ugh 399:14	313:11 320:1	342:21 446:10	466:10 469:7
ultimately	342:24 343:10	446:20 447:17	469:18 471:12
349:2 350:6	349:7 361:7	447:18 451:2	472:22 473:6
355:12	369:12 371:4	451:14	473:20 474:6
ultrasound	394:20,23	update 391:13	478:10,16
406:20	420:22 443:17	updated 391:7	480:16 481:21
unacceptable	470:1 474:14	460:2	500:5 501:3,12
432:11	499:19 500:21	upright 409:18	505:12 507:20
unc 489:8	504:16 505:2	urban 405:18	509:3,21 510:5
uncertain	509:6,9,10,19	407:7 409:2	511:9 512:3,7
478:3	509:20 529:8	414:5	517:9,21
under 324:8	529:17,20	urgency 409:4	518:10,18,21
326:16 392:23	535:20 538:2	urinary 409:4	519:13 520:2
525:16 544:24	understood	urinating 409:3	used 314:2,6
undersigned	313:24 354:2	usage 396:21	323:4 330:21
544:2	364:16 374:15	429:1 445:12	330:23 356:17
understand	394:1 477:11	470:12 511:1	395:1 396:5,10
329:12,23	513:21	532:8,9,10	397:2,17,24
330:13 336:15	undiscovered	use 314:5	398:15,20
336:21,23	463:10	316:23 317:8	411:5,18
337:10 342:20	unfounded	318:5,17	418:10 419:11
342:23 343:17	489:24	332:13 348:5	459:8 464:12
348:9,24 349:4	united 308:1	354:23 355:19	466:9 470:7,21
349:8,12,16,22	449:2	356:6,23	471:9 473:11
351:1,9,20	university	360:11,21	473:12,16
356:4 358:2	422:23 423:7	368:3 369:6	485:3 497:11
360:15,16,19	488:21	372:18 374:3	500:2 507:17
361:2,10	university's	380:20 381:18	509:12,18
362:19 363:9	423:8	383:19 385:6	510:9 511:10
369:2 374:17	unknown	385:12,18,21	511:18,19
379:4 389:10	346:21	386:10,24	512:11,16
		395:16,18	513:2,2 520:5

[used - witness]

Page 54

535:4,6 545:15 user 397:15 473:6 510:16 using 331:15 399:15 444:24 470:4 473:24 478:21 509:7 510:4 518:3 522:9 529:6 usually 487:16 uterine 404:19 405:21,23 406:13 408:6 412:1,17 413:24 414:11 415:11 535:16 uterus 376:10 406:1,18	vague 465:17 467:16 509:15 validity 423:18 valsalva 405:12 407:5,6 value 356:15 395:4,12 470:24 523:21 variance 522:3 variances 516:17 variant 478:3 varies 465:22 various 358:4 412:22 418:2 418:11 438:8 438:10 489:6 521:20 vary 510:22 varying 524:22 veracity 530:21 versus 511:15 511:18 view 368:24 369:13 371:20 536:13 vineis 442:16 442:19,20 443:3,7,7 vis 444:21,21 visible 414:22 visit 404:24 460:6,7 538:17 vitro 495:1 497:22 505:15	vivo 495:1 497:21 505:16 void 544:12 voiding 409:4 voluminous 472:15 vus 388:15 389:8,17,19 390:12 481:8 515:2	367:19 504:15 505:1,20 wanting 440:21 washington 310:16 way 314:23 326:14 361:24 362:7 373:4 378:1 388:17 399:21 403:16 430:13 433:4 520:16 524:2 528:13 we've 335:1 339:16 476:17 481:20 491:8 499:7 500:1 519:23 529:5 weak 475:3 522:8 website 379:18 381:24 382:4 weeks 406:6 weigh 431:13 431:17 weighing 452:8 453:21,23 455:3 weight 486:15 went 467:19,22 516:6 517:3 west 408:17 414:9,10,13 434:13 witness 309:15 316:14,23
v		w	
v 308:12 522:23 vacuum 542:4 vagina 401:7,9 403:8,18 405:5 405:15,18 406:11,16,21 407:2 409:11 409:13 411:6,9 411:19 412:10 412:16 414:18 415:15 vaginal 403:23 405:7 408:6 409:21 412:16 413:3,19 414:21		wait 487:15 518:22 wall 407:21 408:4 412:16 413:3,19 414:21 525:16 want 322:5,9 329:6 346:1,2 357:17 363:8 363:16,24 369:8 381:16 382:18 389:12 392:3,12 401:21 415:24 432:8 437:14 440:18 453:20 453:24 458:4 458:22 477:17 486:19 497:2 498:13 513:20 515:16 518:5 537:14 wanted 328:1 360:8 365:7	

[witness - woman's]

Page 55

317:17 318:1	417:20 418:6	482:14 483:5	wolf 311:21
318:16 319:8	418:22 419:15	483:19 484:17	364:22 416:21
320:12,20	419:24 420:19	488:18 489:16	425:23 426:12
323:14 324:20	421:4,15 422:1	490:2 491:6,21	434:17 437:12
326:4 328:21	422:13 423:1	492:14 493:4	437:21,23
329:12,22	423:15 424:9	493:17 494:17	443:1,5 444:24
330:10,20	424:15,24	495:19 496:8	446:7,23 449:3
331:10 332:4,9	425:6 426:2	496:24 497:13	449:5
334:17 336:9	427:5,16 428:1	498:9,17 501:7	wolf's 416:16
337:6 338:4,23	428:21 429:16	501:20 502:6	426:7,11 428:6
339:15 340:22	429:22 430:6	502:17 503:10	429:5 434:5,24
343:13 344:3,9	431:13,21	503:24 504:21	436:3 440:19
344:17 345:5	433:6 435:10	505:4 506:15	441:3 442:9
347:14 348:16	435:24 436:10	508:10,24	443:2,18
350:4 352:3	436:21 437:9	510:18 511:5	445:10 447:3
356:11 362:1	438:7 439:8,14	511:13,22	447:10,11,14
362:18 366:14	439:20 440:1,7	512:9,22	447:16 448:7
367:5,15	440:15 443:22	514:15 516:5	448:14 449:6
369:19 370:17	444:8 445:5	516:15 517:2	woman 315:19
372:17 374:23	446:3 448:10	517:12 519:7	317:12 318:12
376:19 379:11	449:12 451:5	519:23 520:18	321:15,21
382:8 384:2	451:17 452:8	521:10,17	322:8,12,20
385:14,24	453:2,12 454:5	522:12 523:12	323:2 368:13
386:19 387:20	454:14,23	525:3 526:14	375:16 396:9
388:5 389:3,12	456:3,21	527:18 528:2	403:23 409:21
392:5,12	458:10,18	528:19 529:2	415:10 452:2
393:15 394:7	461:8 462:5,14	529:22 530:20	461:16 462:1
395:22 396:12	463:4,19 464:2	531:3,14,23	471:15 503:2,6
396:23 397:6	465:3,15 467:5	532:19 533:7	504:1 511:18
398:6,19 399:8	467:15 468:5	533:15 534:9	517:20 541:11
399:23 401:23	469:6 471:21	534:14 536:5	woman's
402:6 407:4	472:9 473:2,10	537:9 540:4	324:10 355:18
408:8 409:24	473:22 474:11	541:15 542:17	368:3 382:2,24
411:1,13 412:3	475:13,24	543:2 544:6,7	383:9 447:24
412:20 413:6	477:14 480:7	544:13 545:1	451:1 503:11
414:5 416:6,19	481:2,15		503:18

[women - à]

Page 56

women 358:11 358:14 370:19 372:19 373:16 374:5 375:5 380:20 381:1 385:21 412:15 413:1,7 479:12 513:16 word 316:24 323:4 331:19 338:16 356:6 356:17 372:18 417:14 444:16 444:23 452:7 469:7,18 480:16 words 319:22 323:9,15 331:15 332:11 360:22 382:11 442:14 501:13 502:15 522:9 work 372:23 422:21 423:5,8 423:11 439:11 439:11,12 worked 438:8 works 337:11 world 439:1 wound 384:22 518:16 542:1,4 writing 364:11 366:2 376:13 459:8 written 438:3	wrong 359:2 447:6 448:2 450:2,11 451:15,18 452:4 476:5 490:3 495:11 495:13 wrote 333:21 333:22 335:3 426:11 461:11 485:23 wu 319:11,14 320:13,16 321:4 x x 308:5,9 311:5 312:1 420:13 y yeah 314:24 331:22 339:3 366:12 388:1 393:3 397:20 460:22 461:3 467:6 472:1 477:6 478:17 479:10 480:12 499:15 521:4 524:4 year 395:1,10 470:18 509:24 years 358:12,14 371:15 373:4 386:15 394:22 395:9 397:3,18 397:19 398:1	465:17 466:2,4 467:22 470:12 470:21 471:10 473:11 489:14 507:18 509:8 510:5 511:1 512:12 536:12 536:17 538:20 538:21 yep 391:2 yesterday 315:2,23 317:18 319:17 321:18 322:2,3 352:16 358:10 365:2,23 366:11,24 368:7 370:7 378:14 380:5 383:13 384:3,5 388:11 389:21 390:10,13,17 391:7 411:5 431:23 463:18 486:14 513:6 young 465:19 younger 370:14 474:1 513:11 z zero 317:4 318:7 319:1 373:8 374:19 374:24 461:17 462:11 477:10 502:20	zoom 310:4,5,6 310:13 315:13 338:3 378:20 463:24 464:4 à à 444:21
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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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